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ABSTRACT

Children in Sub-Saharan Africa face the greatest challenges to healthy development of any region in the world. This report presents reviews of 11 Early Childhood Development programs, studied to define financial and institutional conditions necessary to sustain early intervention efforts. Interviews and existing documentation from governmental and non-governmental organizations provide information about the programs and policies that directly affect children, ages birth to six, and their families. The findings point to gaps in existing policies and research, identify the enabling conditions needed for programs to be implemented, and reveal issues to be considered prior to designing new programs. The report's introductory chapter indicates the focus and methodology of the study. Chapter 2 provides a brief overview of the selected programs and their objectives in the context of the area's enabling conditions and needs. Chapter 3 discusses the effects of these enabling conditions on key issues--delivery models, program quality, institutional cooperation, and costs. Chapter 4 summarizes considerations and actions needed to support more effective planning and implementation. Chapter 5 focuses on challenges in data collection, expansion of access to services, and coordination of policy, research, and program efforts. The selected programs are summarized in 12 sidebars. Nine tables compare and contrast elements of the case studies, and two figures delineate statistics. Contains 68 references. (DBD)

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Review of Early Childhood Policy and Programs in Sub-Saharan Africa

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Review of Early Childhood Policy and Programs in Sub-Saharan Africa

Nat J. Colletta
Amy Jo Reinhold

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CONTENTS

FOREWORD ix

ABSTRACT xi

ACKNOWLEDGMENTS xiii

ABBREVIATIONS xv

EXECUTIVE SUMMARY 1

1. INTRODUCTION 5
   - Focus of the Report 6
   - Methodology 7
   - Organization of the Report 9

2. APPROACHES TO ECD POLICY AND PROVISION OF PROGRAMS 11
   - Summary of Objectives and Issues Raised 11
   - Enabling Conditions for ECD Efforts 18
     - Community Preschool Support Programs 18
     - ECD Provision in Special Circumstances 21
     - Broader ECD Awareness and Policy Efforts 24
   - Areas of Analysis for ECD Design and Planning 26

3. EXPERIENCES IN ECD POLICY AND PROGRAM PROVISION 27
   - ECD Delivery Models and Program Implementation Issues 27
     - Building on Local Culture 27
     - Integrating Health, Nutrition and Education 29
     - Community Participation 30
     - Organizing at the Grassroots for Policy Impact 32
     - Targeting Investments 34
   - Program Quality 35
     - Local Teachers and Trainers 35
     - Training in ECD Provision 38
       - Community Preschool Teachers 38
       - Parents and Other Local Caregivers 40
     - Measuring Program Quality and Effectiveness 41
   - Institutional Cooperation for ECD 44
     - Institutional Arrangements 44
       - National Cooperation 44
       - Cooperation Within and Across Nations 45

Inter-ministerial Coordination 47
Partnership with NGOs 49
Supportive National Policy 50
Scale, Costs, Financing and Sustainability 52
Piloting and Going to Scale 52
Economic Costs 53
Capital Costs 54
Recurrent Costs 54
Financing 57
Role of the State 59
Partnership for ECD Financing 60
Sustainability 64

4. CONSIDERATIONS AND ACTIONS IN DESIGNING ECD POLICY AND PROVISION EFFORTS 67
ECD Delivery Models and Implementation Issues 67
Program Quality 68
Institutional Cooperation for ECD 69
Scale, Costs, Financing and Sustainability 69

5. FUTURE CHALLENGES FOR ECD POLICY AND PROGRAM PROVISION IN SUB-SAHARAN AFRICA 71
Enhancing Information for Planning and Evaluation 71
Increasing Access to ECD Services 72
Promoting Integrated ECD Policy and Provision 73

BIBLIOGRAPHY 75

TABLES

Table 1. Countries and ECD Programs and Policies under Study 8
Table 2. Context, Objective and Approach of Policies and Programs under Study 11
Table 3. Objectives of ECD Programmatic Efforts 16
Table 4. Coverage of Selected ECD Programmatic Efforts 17
Table 5. Enabling Conditions for Community Preschool Establishment and Support 18
Table 6. Enabling Conditions for ECD Provision Efforts in Special Circumstances 22
Table 7. Enabling Conditions for Broader Awareness and Policy Efforts 24
Table 8. Public Expenditure on Preprimary and Primary Education 60
Table 9. Financing Partnerships in ECD Program and Policy Efforts 61

FIGURES

Figure 1: Total Investments in ECD in Kenya 1981 to 1991 62
Figure 2: Funding Sources for ECD in Kenya between 1981 and 1991 62

BOXES

Box 1. The Mobile War Trauma Team Builds on Culture in Angola 28
Box 2. Community Participation for Madrasa Preschools in Kenya, Uganda and Zanzibar 31
Box 3. South African Congress for Early Childhood Development 33
Box 4. Local Women Teach in Madrasa Preschools 35
Box 5. Training and Resources in Early Education (TREE) 36
Box 6. Follow-up and Supports for Preschool Teachers in Zimbabwe 39
Box 7. Institutional Arrangements in the Federation of Kushanda Preschools 46
Box 8. Inter-ministerial Coordination in Namibia 48
Box 9. Creating a Supportive National Policy in Mauritius 52
Box 10. Namibian Activating Fund and Children's Trust Fund for ECD 58
Box 11. Public-Private Partnership for Day Care Financing in Mauritius 63
Box 12. Building Local Institutions to Support Women's / Children's Development 64

FOREWORD

Review of Early Childhood Development Policy and Programs in Sub-Saharan Africa is the second in a series of technical papers produced by the Africa Region's Early Childhood Development (ECD) Initiative.

This report complements a previous paper, *The Condition of Young Children in Sub-Saharan Africa*, which outlined the shape and scale of children's survival needs — health, nutrition, and early education. The earlier report documented how children in Africa face greater challenges to healthy development than any other region in the world and emphasized that timely intervention is crucial, particularly in the much neglected period from birth to primary school entry.

The present report explores ways of meeting these developmental challenges. It reviews current programs and policies across a set of country experiences — from the mobile Mobile War Trauma Team in Angola, to Mauritius' Legal Framework for multi-sectoral policy and action for ECD. The analysis of eleven case studies reveals the policy and institutional conditions necessary for sustained impact of ECD efforts.

Also in preparation are in-depth country studies of ECD models in South Africa, Kenya and Mauritius. These studies will enhance our knowledge of innovative practice and quality improvements being tested in the region. The technical papers and lessons drawn from the country studies will be synthesized into a single document which proposes a regional strategy for continued support to ECD in Sub-Saharan Africa.

The ECD Initiative combines knowledge generation and dissemination with two additional components of World Bank support: a) funding for innovative prototype ECD programs, such as those supported in Kenya and Uganda by the Bank's Africa Technical Human Development Department; and b) capacity-building for African policy makers and ECD practitioners. In the capacity building arena, an African ECD Network (ECDNA) comprising practitioners and policy makers from over twenty countries has been formed and is now recognized as a Working Group of the Association for the Development of African Education.

The initiative is working with the ECDNA to host an African Regional ECD Workshop for practitioners, policy makers, researchers and donors. This forum will allow participants to build on existing best practice, strengthen capacity and create policy for promoting multi-sectoral, early childhood development programs. Follow-up training activities will strengthen regional and in-country capacity for program and policy development and research for the integration of health, nutrition, early education and community support services in maternal and early childhood development.

Kevin Cleaver
Director
Technical Department
Africa Region

ABSTRACT

This study was undertaken to learn from existing early childhood development (ECD) policy and programs in Sub-Saharan Africa to maximize the effectiveness of future investment in the development of social and human capital. The report focuses on efforts which address intersecting health, nutrition and early education needs of children aged zero to six in their institutional and socio-cultural environments.

Eleven approaches to ECD were selected for study. The report analyzes in each case the contextual impetus — the enabling conditions — from which program and policy choices were made. This helps to understand why an approach fits a particular setting and how that experience may or may not be transferable to another context. The report reviews key issues in policy and program implementation to draw lessons for: a) ECD delivery models; b) program quality; c) institutional arrangements; and d) scale, costs, financing and sustainability. The analysis begins with program and policy features which directly affect children and their families, then works outward to levels of community, regional, national and international support. Concluding chapters highlight gaps in experience to date and summarize challenges which lie ahead for creating synergy among integrated supports to health, nutrition, and early education in a manner that is consistent with the strengths of tradition and culture in Sub-Saharan Africa.

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In particular, interviews as well as fax, e-mail and mail communications with John Conradie of the Foundation for Education with Production, Kathy Bartlett of the Aga Khan Foundation, Eileen Nkwanga of the World Bank, Jan Kingsbury of Freedom From Hunger, and Mike Wessells of Randolph-Macon College helped to round out information on particular ECD efforts. Comments from Fred Woods, Save the Children; Mary Eming Young, Senior PHN Specialist, World Bank Human Development Department; and Tom Eisemon, now with the World Bank Mission in India are also deeply appreciated, as is the work of Susan Opper, consultant to the World Bank Africa Regional Initiative, for revisions and final additions to the text. Thanks go to P.C. Mohan and Lawrence Mastri for editorial assistance, and to Elizabeth Acul for fomatting the report.

ABBREVIATIONS

AKF	Aga Khan Foundation
BvLF	Bernard van Leer Foundation
CA	Credit Associations (of Credit with Education)
CBO	Community-based Organization
CCF	Christian Children's Fund
CTC	Child-to-Child (in Botswana)
DICECE	District Center for Early Childhood Education (in Kenya)
ECD	Early Childhood Development
ECDNA	Early Childhood Development Network for Africa
ECW	Early Childhood Worker (in Namibia)
EPZ	Export Processing Zone
EPZLWF	Export Processing Zone Labor Welfare Fund
FFH	Freedom from Hunger
FKP	Federation of Kushanda Preschools
Ksh	Kenya Shillings
LMC	Local Management Committee (in Madrasa Preschools)
MBEC	Ministry of Basic Education and Culture (in Namibia)
MRC	Madrasa Resource Center
MRLGH	Ministry of Regional and Local Government and Housing (in Namibia)
MWTT	Mobile War Trauma Team (in Angola)
NACECE	National Center for Early Childhood Education (in Kenya)
NGO	Non-governmental Organization
NTA	Nigerian Television Authority
TACTICOM	Teacher and Community Training and Involvement in Control, Ownership and Management (Program of the FKP)
TRC	Teacher Resource Center (in Namibia)
TREE	Training and Resources in Early Education (in South Africa)
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The first years are crucial in the development of a child since the brain is almost fully formed at the age of two. Considering that many traditional education systems begin to support cognitive development after the age of six or seven, one must rethink this investment. Negative effects of malnutrition peak at twenty-four months. It is therefore critical to make interventions early for health and nutrition, and these should be grounded in wider family and community support systems. These are major reasons why there is a need to augment global efforts which target Child Survival and Universal Primary Education. Investments in human capital must be targeted more substantially on children in the period from birth to primary school entry. Efforts which support the health, nutrition, cognitive and social development of children in this age group should be connected for mutual reinforcement and synergy.

Children in Sub-Saharan Africa face the greatest challenges to healthy child development of any region in the world. The majority of African children live in extreme poverty and amid high levels of violence and other threats to their survival. Insufficient health, nutrition and educational supports result in Sub-Saharan Africa showing the highest average regional mortality rate of children under five. These conditions require urgent attention. There are transitions in the region which are placing ever greater challenges upon healthy child development. Other transitions offer singular opportunities for intervention and improvement.

Rapid population growth, urbanization and the increasing breakdown of traditional family support structures are prevalent in many Sub-Saharan countries. Poverty persists, government budgets are decreasing, and the region is plagued by civil strife. Yet there are opportunities for intervention and improvement in the protection and social development of young children. First, there is a movement toward democratic governance that creates opportunities for efforts in support of early childhood development (ECD) to contribute to and learn from national debate. Accelerating decentralization, greater participation and dialogue present opportunities to create new systems as well as enhanced competition among populations' demand priorities. Second, the transition from centrally-planned economies to market economies offers new mechanisms for hearing service demands and new space for entrepreneurs to meet them. Third, the transition from war to peace in many African societies can bring child supports into reconstruction planning and community-building agendas. All three of these transitions provide challenges to and opportunities for identifying financially and institutionally sustainable methods of support for ECD.

The present document is part of the World Bank's Africa Regional ECD Initiative. This aims to identify prototype delivery systems in which pivotal ECD services in health, nutrition and early education converge for mutual reinforcement and synergistic effect on the physical, cognitive and socio-emotional development of children aged zero to six. Consistent with this initiative, the present study looks at programs and policy which promote ECD within wider family and community support systems consonant with the strengths of tradition and culture in Sub-Saharan Africa. The study provides evidence upon which to leverage existing experience in Africa across the continent. The initiative will support this through advocacy to influence country and donor policy and capacity building for African policy makers and practitioners, as well as Bank staff, in the design and implementation of cost-effective developmental interventions for young African children.

The broad range of institutional and social contexts in the region will inevitably be reflected in the objectives and provisions for ECD. The present document reviews eleven select case studies from across the region to illustrate a range of possibilities for combining elements of ECD support. Analysis of the objectives and ways in which efforts in these case studies use differing enabling characteristics and resources draws lessons for design, implementation and impact of ECD. Lessons emerge in regard to culture, and collaboration that spans health, education and other sectors; and for community participation, grassroots organization and targeting of ECD. The study of ECD worker training, use of locally appointed teachers and measurement of program and policy impacts offers insights for improving program quality. The varied means of cooperation between governments, nongovernmental organizations (NGOs) and international bodies provide examples to consider for assessing and exploiting an institutional landscape. Financial analysis is hampered by limited availability of data, but the study describes a range of capital and recurrent costs to suggest options for piloting and sustaining programs.

These eleven cases are not representative of the full experience of Sub-Saharan Africa, yet the analysis clearly suggests directions and challenges for future ECD policy and programs as follows:

- Access to ECD must be expanded. This can be addressed through raising awareness and fostering partnerships. Establishing a policy framework to undergird direct support for ECD is a critical, initial step. It is also important to maintain a functioning network for exchange of knowledge about best practice in integrating services for child development.

- Data collection and utilization must be stepped up for research on key issues.

  Existing information on the condition of young children and their care comes form scattered national or sub-national efforts. Much of the available data is of limited use for assessing and prioritizing needs, for targeting children and communities most in need. Better information is critical for translating needs into effective ECD policy and practice, for guiding investments over the long term and evaluating impact. Research capacity is needed for the complex task of assessing the benefits of ECD to later life productivity, the contribution of ECD to social cohesion, and to the reduction of socially deviant behaviors. These are highly pertinent concerns in regions which experience conflict that sets back human and national development.

- Greater coordination of policy, research and program efforts must be formed for synergy and cost-effectiveness.

  The case studies are testimony to the ways in which ECD crosses multiple areas of need. ECD programming is most effective and sustainable when it is embedded in an overall human capital formation policy that places particular emphasis on child development. This requires substantial communication and collaboration across government ministries, continuous investment and effort to achieve coordinated and concerted policy that is backed by institutional commitment. It requires negotiation of complementary roles in the public and private sectors. No single community, organization or ministry could achieve as much with the resources available in isolation as it achieves in partnership. The case studies illustrate how, in looking for supportive ECD networks, there is value in considering those not solely based in or organized by a nation state. Yet, the studies also drive home the point that it is pivotal — and possible — to build ECD policies and programs upon local culture so that ECD efforts are affordable, accessible, and realistically sustainable.

The individual case studies suggest specific, practical action for more effective planning and implementation of ECD. The overarching lesson is the necessity of knowing the shape and scope of resources (listed below) in order to identify salient enabling conditions and outline the policy and program components needed:

i. Priority areas of child development that are unmet, such as nutrition, school readiness, day care
ii. Extent and source of community and family demand for ECD services
iii. Extent and type of community and family resources
iv. Existing ECD skills at local and national level
v. Availability and interest of local ECD workers
vi. Community capacity for participation
vii. Capacity of local institutions
viii. Extent of national awareness and demand for supportive policy
ix. External and supra-national resources for ECD which provide training, materials and networks for information sharing, research, advocacy
x. Policy movers and other stakeholders who favor ECD, possibly including government and NGO staff, international advisors, local movements and business people
xi. Power and extent of access to mass media.

It is necessary to consider all the resources in a child's environment. Family, community, community-based NGOs, local authorities and institutions, national NGOs, government ministries, and international agencies are the individuals and institutional actors in children's lives. Culture, professional standards, policy and international accords are among the ideological influences in children's support systems. From one context to the next, these actors and influences are present in different patterns to support child development. Constructing a map of these factors in-country and beginning with the nation's children at the center facilitates planning to utilize resources to the fullest. Once built, this map will require periodic reassessment and adjustment.

Financial, material and human resource constraints currently limit ECD efforts in Sub-Saharan Africa to a coverage of only 5.5 percent of children below the age of six. Many ECD efforts which do exist are uncoordinated and piecemeal. Priority should be given to exploring new models for converging action so there is synergy among efforts in health, nutrition and early education. Priority targets are the poorest communities whose inability to participate in even the simplest partnerships for provision of ECD preclude their children's access. The less developed countries in Sub-Saharan Africa must be mobilized to place ECD among the most important — and feasible — capacity building investments for national development. ECD is not a luxury service, but a fundamental building block for all later human development.

1. INTRODUCTION

Children in Sub-Saharan Africa face the greatest challenges to their survival of any region in the world. Insufficient health, nutrition and educational supports result in Sub-Saharan Africa having the highest average regional mortality rate of children under five. The infant mortality rate in this region is one and one-half times the world average of sixty children per 1,000. The health of children in Africa is threatened as 37 percent lack immunization against tuberculosis. A full 50 percent have no such protection against DPT, polio and measles. Nutritional levels are so low that more than 40 percent of the children suffer chronic malnutrition. Educational opportunities are dismal with only 50 percent of the relevant age cohort entering primary school and a mere 35 percent of entrants completing grade five. In many areas, girls have disproportionately low access to education, health and nutrition supports. This limits their own development and later that of their children.

For the vast majority of children in Sub-Saharan Africa, investments in human capital development which aim at primary school level come too late. Attention to cognitive development only after the age of six or seven is not sufficient. The brain is almost fully formed by the age of two. *Nor are postpartum and preschool feeding programs likely to be effective in and of themselves. The negative effects of malnutrition peak at twenty-four months.* There is a need to build upon global efforts which promote Child Survival and Universal Primary Education. *Investments in human capital must begin for children from birth and promote the synergistic convergence of actions focused on health, nutrition, cognitive and social development in the vulnerable period from birth to primary school entry.*

Early childhood development requires urgent attention in Sub-Saharan Africa. It is a region marked by persistent poverty, rapid population growth, urbanization and the increasing breakdown of traditional family support structures. There are transitions in progress which challenge healthy child development as much as they hold opportunities for intervention and improvement. The transition to democratic governance, greater participation and dialogue present opportunities to create new systems as well as enhanced competition among a population's demand priorities. The movement from centrally-planned economies to market economies offers new mechanisms for hearing service demands and new space for entrepreneurs to meet them. The transition from war to peace in many African societies can bring child supports into reconstruction planning and community-building agendas.

Within these transitions are the challenges and opportunities for defining financially and institutionally sustainable solutions for supporting early childhood development. In this era of decreasing government budgets, increasing decentralization, and in a region of burgeoning democracies and civil strife, it is imperative to look to and to learn from organizations and governments in the region who are experimenting, making investments in and successfully supporting ECD.

Focus of the Report

The current report is part of the World Bank's Africa Regional Early Childhood Development (ECD) Initiative which has taken on the challenge of identifying state policies and prototypical programs of child development in the region. The initiative is expressly interested in approaches which act on interconnections — which focus on the physical, cognitive and socio-emotional dimensions of child development, and which merge interventions in health, nutrition and early education for synergy and mutual reinforcement. The current report identifies a number of experiences in Sub-Saharan Africa which have this approach. No single program can meet all needs for all contexts, but a handful of countries has set out with an agenda of integrated support to ECD from which important lessons can be drawn.

Eleven case studies were selected for analysis, to illustrate a range of possibilities in *combining* elements for more comprehensive ECD support. The histories of these cases is instructive, since no country begins with a blank slate or a level playing field in investing in ECD. Institutional contexts and the availability of resources vary within and across countries. In some situations, existing supports to children's development are adequate or even substantial. In others, these supports are virtually non-existent or they are narrowly focused. An immunization program can fail to complement its efforts with interventions in nutrition or cognitive stimulation. A day-care or crèche may focus upon increasing numbers of working mothers who need custodial care for their children but pay little attention to children's actual developmental needs. A preschool program may extend the educational precepts of primary schooling downward, paying little attention to developmental needs which are specific to preschool-aged children, or to the nutritional and health status of the learners.

The needs of young children and their families are also diverse because of the variety of social and cultural contexts across the region. In some communities, the head of household and chief caregiver will be an unemployed and illiterate mother. In others, older siblings have primary responsibility for the care of younger children. Societies may have significant minority populations with diverse linguistic traditions. In many locations, large populations of parents and children are negatively affected by civil strife.

This study illustrates the contextual fit of each child development effort by showing how policies and ECD programs build upon local socio-cultural resources and unite with labor, microenterprise and national reconstruction agendas to produce child support systems which are consistent with surrounding traditions and culture.

Not all programs and policies are explicit about the ages of children they cover, but for those that do specify, the collective age-range in the definition of "child" is fairly wide. The definition influences the content and delivery systems for ECD, and the type of partnerships which are appropriate. The Namibian focus upon children from zero to eight implies that the lead agencies for its Inter-ministerial Task Force on ECD are the Ministry of Regional and Local Government and Housing (MRLGH) with responsibility for children from birth to age six, and the Ministry of Basic Education and Culture (MBEC) with responsibility for children aged six and above. The Kenya National Preschool Program has focused for more than two decades on meeting the health and learning needs of children from three to five. Resulting from its experience, Kenya is now experimenting with an expanded health and nutrition service for the three to five age group, and is extending the existing delivery system to reach children under the age of three as well.

For the present study, the focus is on the needs of children from birth to entry in primary school. This is the age range from zero to six years.

Methodology

The study was undertaken through a review of documentation on existing program and policy efforts in ECD in Sub-Saharan Africa. Country-by-country searches were conducted in the documentation collections of the World Bank and UNICEF. A number of non-governmental organizations (NGO) and government agencies were contacted directly to gather program evaluation and impact information. Interviews were conducted to fill in gaps in the information.

As noted previously, the focus of this work is to learn from efforts that support children's holistic development in order to link investments more effectively. Emerging from this rationale, important dimensions of this review are the inclusion of health, education and nutritional aspects in a program or country policy effort. In addition, the study considers a number of broader, multi-sectoral approaches because they address the overall improvement of the child's environment: health, nutrition, education of the child as well as the people who care for him/her. The strengths of these programs for supporting ECD are relevance, holism and inter-generational involvement. Finally, because linkage to later investments is crucial for a child's and a nation's development, the study includes programs that complement existing health and nutritional efforts to bring children into the stream of basic education opportunities. These programs offer important insights into how ECD programs might improve primary school investments.

From the documents collected, case studies were compiled on eleven efforts (See Table 1). The cases are described briefly in the current report. Fuller versions of the case studies are available in mimeograph from the Africa Regional ECD Initiative, and they are scheduled to be incorporated into the World Bank's CD rom on ECD. The current report also refers to additional ECD efforts for which information was collected but not sufficient to construct full case studies. The criteria for selection of the eleven cases were therefore: availability of information and demonstrated survival of the effort beyond the inception stage, and its contribution to extending the range of ECD possibilities that could be illustrated for the region.

Table 1. Countries and ECD Programs and Policies under Study

Country	*Policy or Program*	*Implementing Agency*
Angola	Mobile War Trauma Team (MWTT)	Christian Children's Fund (CCF)
Botswana	Little Teachers	Child-to-Child Foundation
Ghana,Mali, Burkina Faso	Credit with Education	Freedom from Hunger (FFH) and local partners in each country
Kenya	National Preschool Program	National Center for Early Childhood Education (NACECE)
Kenya,Uganda, Zanzibar	Madrasa Preschools	Madrasa Resource Centers (MRC)
Mauritius	Export Processing Zone Labor Welfare Fund Day-care Program (EPZLWF); Legal Framework for Children	Government of Mauritius, Export Processing Zone, NGOs
Namibia	National ECD Policy	Government of Namibia
Nigeria	Development Communication	NigerianTelevision Authority (NTA), World Bank
South Africa	NGO Coalition for Policy Impact	South African Congress for ECD
Zimbabwe	Kushanda Preschools	Federation of Kushanda Preschools (FKP)

Several factors limited the research effort. First, the exercise was undertaken as a review of secondary sources. This left it subject to the availability and quality of existing documentation. Second, lack of systematic and thorough data collection throughout the life of ECD efforts has resulted in great variety in the information available, and also in gaps in program reviews. Third, the compartmentalized sources of documentation on health, nutrition and education made the consolidation of information on ECD programs which meet all these needs particularly challenging. Nonetheless, the information and analysis presented does contribute to the dialogue on how to support integrated, multi-sectoral efforts to promote the development of children in Sub-Saharan Africa cost-effectively.

Organization of the Report

The second chapter undertakes an overview of the objectives and coverage of the ECD approaches documented in this study. An analysis of the contextual impetus or enabling conditions in each case which gave rise to program and policy choices follows to aid understanding of why an approach fits a particular setting and how it may or may not be appropriate in facing a different set of contextual conditions. Chapter 3 focuses on key issues in the experience of ECD policy and programs in the areas of: a) delivery models and implementation; b) program quality; c) institutional cooperation for ECD and d) scale, costs, financing and sustainability. This presentation begins with program and policy features which affect the child and works outward into the community, regional, and national levels. Considerations for action are summarized in Chapter 4. Finally, Chapter 5 evaluates the gaps that exist in the experiences reviewed, and in our analysis and understanding of efforts in the region. The chapter highlights challenges that lie ahead for supporting and extending ECD in Sub-Saharan Africa.

2. APPROACHES TO ECD POLICY AND PROVISION OF PROGRAMS

ECD needs are being addressed in Sub-Saharan Africa in a variety of ways. The set of eleven select experiences under study offers several variations on preschool or day care system supports as well as experiences in media campaigns, trauma healing, policy and legislative efforts and credit schemes. In each case, the program has evolved to meet the developmental needs of children in a specific context. Thus, the programs are designed for children with working mothers in Mauritius, traumatized children in Angola, and young children headed to school in a host of countries where parents worry about readiness. Each effort takes a different form.

Summary of Objectives and Issues Raised

The context, objectives and approach for each of the ECD efforts selected as case studies are summarized in Table 2.

Table 2. Context, Objective and Approach of Policies and Programs under Study

Country/ Effort	Context/Need	Objective	Approach
Angola Mobile War Trauma Team (MWTT)	840,000 Angolan children live in circumstances where internal displacement and continued strife leave them to develop in a context of struggle to survive and to resolve trauma that can pose severe impediments to normal psycho-social development and functioning.	Help meet the psycho-social needs of war-traumatized children.	Train professionals who work with children, community leaders and parents to: recognize psychological trauma in children; assist children in developing coping strategies; and cope with their own experience of violence. *Continued on page 12*

Continued from page 11 Botswana Little Teachers	Children in rural areas had difficulty making the transition to full-time school attendance because the setting and routines, the teacher and the materials they were expected to use were completely unfamiliar.	Create opportunity for preschool children to interact with selected elements of primary school through support to primary school to develop preschool activities implemented by older children ("little teachers").	Train primary teachers to pass lesson content and teaching methods of health, nutrition and child development knowledge and skills on to older children so they work effectively with preschool children.
Ghana, Mali, Burkina Faso Credit with Education	Poor households in Western Africa suffer from inadequate access to food, resulting in chronic hunger and malnutrition, further impacted by women's low economic capacity and poor health, nutrition and child care knowledge and behaviors.	Address economic, organizational and informational sources of malnutrition that stunt development.	Train local institutions to provide services to support poor women to increase incomes and savings and motivate adoption of supportive health, nutrition and child care behaviors.
Kenya National Preschool Program	In the early 1970's, a wide range of quality in preschool provision across Kenya meant many preschools suffered from lack of materials and care appropriate for early learning. Coverage of pre-program teacher training was poor, as only 8 percent of all preschool teachers had any basic training in early education techniques.	Develop a national preschool model to improve the welfare of young children.	Train and support preschool teachers at the local level. Cooking demonstrations, learning materials production, workshops on the care and nutrition of children empower the community of parents and caregivers to become involved in its children's welfare. *continued on page 13*

continued from page 12 Kenya, Uganda, Zanzibar Madrasa Preschools	Muslim communities in these countries had inadequate access to local primary schools and limited options for early education due to poverty, and/or women's work. They wanted to ensure their children's school readiness while maintaining the cultural and religious aspects of their early education.	Establish and promote Madrasa preschools that are effectively managed by the communities with back-up support from the MRC, to be technically, organizationally and financially sustainable. Promote educational achievement through a model that uses the cultural and religious values of the community in a child-centered approach to learning and creating learning materials.	Train community-appointed teachers for the Madrasas; and provide continuing supervision; train Local Management Committees for day-to-day operation of Madrasas, and build community awareness and preschool support.
Mauritius Export Processing Zone Labor Welfare Fund Day-care (EPZ)	Full employment in Mauritius has raised the need for day care as the percentage of mothers working has increased from 20 percent to almost 50 percent since 1983. The Government of Mauritius assesses that while half of households have both parents working, conditions of day cares are often unsatisfactory.	Provide day care for children from ages 3 months to 3 years and pilot a public-private partnership model for day care provision to test issues of cost and quality.	5 pilot industrial worksite day care centers run by local NGOs and sponsored by the EPZ Labor Welfare Fund, the Sugar Industry Labor Welfare Fund and the government offer health and nutrition support as well as full day child care. *continued on page 14*

continued from page 13			
Mauritius Legal Framework for Children	As above, but reaching beyond day care issues into needs of child health, child protection, maternal labor, industry financing, etc	Harmonize Mauritian law and policy with provisions of the UN Convention for the Rights of the Child, the African Charter for Children's Rights, and the Hague Convention on Adoption.	Promote multi-sectoral policy, action and legislative agenda as a strategy to support the health, safety, protection and development of children.
Namibia National ECD Policy	Widespread ECD support needs and disparate efforts across sectors brought an Inter-ministerial Task Force to devise a National ECD Policy addressing needs of children from birth to eight years of age.	National ECD Policy to support a broad spectrum of ECD programs for young children and their families	A National ECD Committee coordinates roles and efforts of government, NGOs, and private sector to work with communities in developing desired ECD programs.
Nigeria Development Communication Pilot	Preschools frequently have meager instructional materials; a substantial number of caregivers are untrained, even illiterate; many parents have inadequate knowledge to provide their children with good health, adequate nutrition and a clean, safe, stimulating environment.	Support ECD via production, dissemination, monitoring and evaluation of ECD materials through television and video.	Build television production capacity to share integrated messages addressing social, physical, economic impacts on child development implemented by the NTA and partners at four pilot sites. *continued on page 15*

continued from page 14			
South Africa South African Congress for ECD	A three-year consultation built an agenda of ECD priority needs and a constituency with a loud voice in the transition to democracy when reconstruction and development planning gave low priority to the needs and rights of young children.	Serve the interest of seven million young children as well as ECD workers, by achieving good quality ECD services.	Lobby government and contribute to White Paper for coherent national ECD policy and resource commitments; coordinate training opportunities; review accreditation, curriculum; network; build awareness, etc.
Zimbabwe Kushanda Preschools Project, Federation of Kushanda Preschools	Priority needs for ECD programs emerged from farm laborer families and resettlement area populations in isolation from government services and from each other: parents faced difficulties of trying to work while children played all around them.	Create a model for establishing and supporting rural preschool centers in small villages or on farms.	Communities select and pay a teacher trained to run a community-built preschool. Kushanda provides training and follow-up support to establish the center (including stationery materials), nutrition supplements and adult nonformal education.

In Table 3 (below) the variety of ECD objectives are combined in a single matrix. Programs which address school readiness and those which aim to impact health and nutrition indicators have direct benefit to the children involved. A further two categories of objectives aim to impact children indirectly through their parents and through ECD workers of various kinds (preschool teachers, parent educators, home visitors, day care providers, ECD trainers) by enhancing knowledge and skills in caring for children. Finally, the day care provision as met by the EPZ centers is designed primarily for impacts on women in the labor force. If one adds to this matrix the commitment in Mauritius and Namibia to develop, respectively, a national ECD policy and a multi-sectoral legal framework supporting ECD, a crucial issue emerges: How much do quality and impact *upon children* constitute a *secondary* agenda?

Table 3. Objectives of ECD Programmatic Efforts

Objectives / Program	*School Readiness*	*Health, Nutrition Service Provision*	*Enhanced Parent Knowledge, Skills*	*Enhanced ECD Worker Skills*	*Day-care Provis'n*
MWTT			X	X	
Little Teachers	X			X	
Credit with Education			X		
Kenya National Preschool Program	X	X	X	X	
Madrasa Preschools	X	X	X	X	
EPZ day-care		X			X
Nigerian Dev't Communication	X		X		
SA Congress for ECD	X	X		X	
Kushanda Preschools	X	X	X	X	

Almost all the selected efforts pursue several objectives at once. To illustrate, in South Africa, the Congress for ECD has agenda items aimed at supporting greater attention to health, nutrition, early stimulation and overall welfare of children aged zero to four through a community-based target group. The agenda also includes developing a Reception Year as an integral part of lower primary school to focus on school readiness of five-year-olds. A third agenda item coordinates training opportunities for ECD workers.

Single programmatic efforts can also be elements to meet specific local objectives. This is the case in Kenya, where not all communities have nutritional supplement components in their local preschools. Such flexibility is part of the Namibian ECD Policy as the system for ECD planning and program design leaves the consideration of objectives, and therefore target group, to the communities to decide. Communities may decide whether the best program for their needs is parent education, child care, preschool, or a combination thereof. However, the predominant experience across the cases is that child development objectives are addressed with a set of programmatic efforts, as components converge to address health, nutrition, education, caregiver skills development and day care needs when and where they exist.

Where a country has ECD efforts to build upon, the existing delivery system over time can take on additional objectives and support more elements of ECD provision. This happened in Kenya as growth monitoring skills and other child health and nutrition program elements were added to the nation's preschool program that was originally geared towards cognitive development. Similarly in Zimbabwe, the Kushanda Preschool Project, whose name literally means "build on what is there," has added more and more extensive parent education and mobilization components over the years of its operation.

The variation in program objectives translates into target populations and coverage figures that include not only children, but also parents, preschool teachers, and other ECD workers and professionals and the variety of institutions in which they work. Table 4 shows the available coverage figures for these programs. The figures should be used with caution, since they are estimates of current status and numbers will fluctuate as programs expand and are replicated in neighboring areas. For example, it is estimated for the Madrasas that the MRCs in Kenya and Tanzania have trained over 200 preschool teachers, but not all of these are teaching in the existing preschools of the project.

Table 4. Coverage of Selected ECD Programmatic Efforts

Program/Coverage	*Children*	*Other Target Group(s)*
MWTT	14,950	574 ECD workers/parents
Little Teachers	50,000	44 primary schools
Credit with Education	N/A	18,136 mothers
Kenya Preschool Program	1,000,000	17,650 preschools 24,809 preschool teachers
Madrasa Preschools	4,500	125 preschools
Nigerian Development Communication Pilot	10,000	400 parents
Kushanda Preschools	5,000	150 teachers 7,000 to 9,000 parents

These efforts present an array of programmatic scope for study as coverage ranges from several thousand to a million children. Added to this are the policy efforts in South Africa, Mauritius and Namibia, not shown here, which aim to impact all children in the nation or all of the nation's most disadvantaged children.

Building upon systems to initiate or round out investments in early childhood development, these programmatic efforts in Sub-Saharan Africa meet a range of child and caregiver-directed objectives. We turn now to an assessment of contextual factors that gave rise to the programs and look at how resources came together to formulate and address ECD objectives.

Enabling Conditions for ECD Efforts

Each program or policy effort fits its context of local needs and builds upon available resources. Consideration of the enabling conditions that surround each example illuminates the possibilities for use of available resources. In this analysis, an *enabling condition is a characteristic of the context or child development need without which the ECD effort would either be quite difficult or impossible to implement.*

The efforts are divided into three general categories for the purposes of discussion: a) community preschool support; b) direct ECD service provision in special circumstances; and c) broader efforts to build ECD awareness and adopt supportive national policies.

Community Preschool Support Programs

Three of the eleven programs establish and support community preschools. These are: the National Preschool Program in Kenya, the Federation of Kushanda Preschools (FKP) in two districts of Zimbabwe, and the Madrasa Preschools Project in Muslim communities of Kenya, Zanzibar and Uganda. These ECD efforts share a common set of six enabling conditions as seen in Table 5.

Table 5. Enabling Conditions for Community Preschool Establishment and Support

Approach	*Common Enabling Conditions*
Establishment and support of community preschools (Kenya, Zimbabwe, Uganda and Zanzibar)	• community demand • community participation • local training expertise • available and qualified community members to train as ECD workers • fee-paying preschool parents • external financial support for start up

In the national program of Kenya, in Zimbabwe, and in the Madrasas, these enabling conditions support both the establishment and expansion of the community preschool approach to providing ECD. Regarding the Madrasa Preschools, community demand as the initial enabling condition in Kenya and Zanzibar emerged from concern about primary school entry and retention. The additional element of working women needing child care then entered as a concern in community demand for Madrasa Preschools especially in urban Uganda. In Zimbabwe, child care and protection needs on commercial farms served as impetus for parents' attention to ECD. These different sources of demand require responding variation in local programming, such as scheduling to conform to parents' work cycles, or consideration of curricular mixtures to meet the academic orientation and expectations of parents.

In Zimbabwe, demand did exist for child care to serve children under the age of three. Through discussions with communities, however, the Kushanda Project found that the demand was not substantial enough to motivate community participation to meet the need. In effect, the community wanted the services *provided*, but did not feel they were sufficiently important for community members to give up their own time and resources. Thus, it is not only the source and substance but also the intensity or depth of local demand which are important to designing efforts that fit context and need.

In implementing community-based preschool support, these three programs also feature substantial components to create, extend or appropriately influence community demand and mobilize community participation. In the National Preschool Program of Kenya, this involves cooking demonstrations, learning materials production, and workshops on the care and nutrition of children. For the Madrasas, the program respects a community's choice of teacher, but it does recommend that teachers have at least a primary leaving certificate and preferably that teachers have reached grade ten. In Zimbabwe, nonformal education aims to enhance local health knowledge as well as management skills. In mobilizing parents and communities for ECD, it is quite important to note that all three of these programs *began with small pilot efforts in a few communities*.

The experience in Zimbabwe and the Madrasa Preschools report the spread (often unexpected) of interest among neighboring areas and increases in demand and participation associated with a dynamic of "seeing is believing" in pilot sites and surrounding communities. In these experiences, many local partnerships spring from one. Such an expansion "strategy" of *horizontal diffusion* depends upon capturing local interest and making good on the commitment of the initial partners. Effective action and learning with these first communities enhances the reputation and legitimacy of the implementing agency as community partner. This then fosters expansion into neighboring areas.

Components of all three of these efforts create or extend the ECD skills of local preschool teachers. Two enabling conditions make this feasible: a) ECD training capacity within the country; and b) available locals to be trained as preschool teachers. Training capacity is often present and extended through efforts such as those promulgated by the Bernard van Leer Foundation (BvLF), UNESCO, UNICEF and Save the Children/US' *Early Childhood Development: More and Better*. The latter trains ECD trainers across Sub-Saharan Africa. The availability of local teacher trainees, however, depends upon incentives provided. These include level of salary for preschool teachers and opportunity costs of teaching. Self-motivation, individual interest in teaching, is also an important factor. In addition, the availability of trainees is affected by the minimum qualifications defined by the implementing agency. In Kenya, the National Preschool Program requirement of a secondary education is regarded in many situations as too high. In Zimbabwe, there are no minimum qualifications, but in many areas the Kushanda project has found an able pool of trainees who are already attending to community needs: farm health workers, former teachers and child minders. The Kushanda effort simply extends their interests and skills.

The final two enabling conditions — ability and willingness of parents to pay school fees and availability of external financial support to cover start-up costs — may not be as readily actualized or extended in community-based efforts. Parents in extremely poor communities may not be able to support teachers' salaries fully, or even partially, by paying fees or making in-kind contributions. And external funding may not be available. Although an ECD effort may be mounted in the absence of local fees by establishing incentive schemes beyond the means of the community, the sustainability of that approach depends upon the longevity of the external source of the incentive. In addition, the provision of external incentives is likely to have a detrimental effect on community ownership. External provision leads communities to see the service as granted to them, and they feel little or no responsibility for its maintenance and quality. This can be fatal for an approach which aims to have a system of community-based centers that ultimately expects communities to cover a large portion of the capital or recurrent costs.

The three efforts have additional enabling conditions that differ in significant ways. For the Madrasa Preschools, the presence of a respected educational institution in the community — in terms of infrastructure and status — enabled these Muslim communities to devise preschools appropriate to their traditions and ideals. In addition, the local Madrasa Resource Centers (MRC) that train and support community preschool teachers access external technical assistance and a network of professional, educational activities through the Aga Khan Foundation (AKF). In so doing, valuable additional resources are brought to bear in these communities and the institutions (MRCs) that serve them. The resources include information, materials, international consultants, opportunities for international training and participation in professional conferences. Such exposure builds local expertise. While these opportunities and strengths may not be easily replicable outside the AKF system of support, the example suggests that in looking for supportive ECD networks, one should consider those not solely based in or organized by nation states.

In Zimbabwe, sensitivity and response to community needs led what was originally a broader community development initiative to include a focus upon child development. The Kushanda Project responded to the community demand for early childhood care and education and altered its agenda of activities. This responsive flexibility later combined with community commitment to provide the impetus for the externally funded Kushanda Project to become a self-sustaining local institution: the Federation of Kushanda Preschools. Response to community demand allowed an original set of activities to metamorphose and meet changing ECD needs in target communities.

In all three of these cases of community-based preschools, activities began through investments by external sources. Indeed, all three were also extended on this basis. In Kenya, the mixture of external funding and government contributions have varied over time. In Zimbabwe, the external funding shifted from supporting a stand-alone project to funding the training arm of a larger preschool movement. There can be no doubt that without external investment these efforts would not exist on the scale they do today. This poses a question about programming sustainability that can be generalized across all efforts in this study: If, as the dependence of these efforts upon external support suggests, the national government is not mobilized effectively to meet the ECD demands and needs in its population, how is sustainability to be achieved?

It is instructive to consider the case of Zimbabwe which came to include program components to mobilize grassroots demand upon government to support community preschools. The inclusion of grassroots efforts as well as components that enhance government interest and response to community demand vis-à-vis ECD services can usefully be added to the enabling conditions of community preschool support. Additional strategies to enhance conditions which contribute to the sustainability of ECD efforts might include: appealing to the private sector for the establishment of worker welfare funding mechanisms, providing direct state subsidies through matching grants to communities or institutions, and providing indirect state subsidy via tax deductions.

ECD Provision in Special Circumstances

Direct ECD services are provided or enhanced through approaches which include more than community support of preschools. Additional approaches are exhibited by day care in Mauritius; psycho-social support in Angola; Child-to-Child School Readiness in Botswana; and Credit with Education in Ghana, Mali and Burkina Faso. Table 6 presents these and their respective enabling conditions.

Table 6. Enabling Conditions for ECD Provision Efforts in Special Circumstances

Approach	*Enabling Conditions*
Public-private partnership for employee day-care (Mauritius)	• supportive national policy and legislation • mobilized industry concern for children and parents • government funding • private funding • fee-paying preschool parents • local ECD implementing institutions
Psycho-social support for children and communities (Angola)	• external and local expertise for curriculum and model program development • local expertise for training outreach to adapt curriculum for each site • community participation in local adaptation of curriculum as well as application in healing activities • external financial support for start up • access to local trainees who work with children
Child-to-Child (Botswana)	• external model for local adaptation • local caregiver arrangement: older children care for younger siblings • primary school cooperation and partnership • external funding
Nonformal education and credit (Ghana, Mali, and Burkina Faso)	• groups of local women to form joint liability credit associations • local institutions (NGOs, credit unions or rural banks) to integrate systems and skills • external expertise for curriculum adaptation and training • external financial support for start-up

The enabling conditions for the public-private day care partnership in Mauritius are a combination of supportive policy and available funding from government, industry and parents. This experience is unusual in Sub-Saharan Africa. Mauritian policy holds that "there is no single institution which can claim to play the leading role in ensuring the overall growth and the development of the child" (Bappoo 1994: p. 2). In a nation that considers the development of children the responsibility of all, government and private interests come together to learn how to collaborate in providing quality day care, and how much it costs. The Sugar Industry Labour Welfare Fund Act of 1975 and the Export Processing Zone Labour Welfare Fund (EPZLWF) Act of 1988 establish funds to promote the welfare of workers and their children. These conditions, coupled with the institutional capacity of NGOs to provide ECD services, set this pilot effort apart. Where employees and employers contribute monthly, and government contributes annually, the collective commitment to ECD is a vast enabling condition across the country. Such public-private collaboration offers the Africa region a model of integrated ECD provision that crosses not only ministerial lines, but also sectors of the economy.

In Angola, the presence of thousands of children in difficult circumstances led an international NGO, Christian Children's Fund (CCF), to act. It collaborated locally in the development of a model and flexible curricula for adults to identify and work with traumatized children as well as to deal with their own stress and trauma. The enabling conditions are not only the external generation of the idea and funding, but also the presence of Angolan professionals able to undertake the extensive training and adaptive effort required in each community. This also builds upon enabling conditions of local knowledge-sharing at community level, openness to foreign ideas, and the energy of individuals and communities to apply the program's jointly created healing techniques. Finally, CCF's long presence in Angola as well as its partnership with the Ministry of Rehabilitation and Social Reintegration, the Ministry of Health and the Ministry of Education, provide access to professionals and others working with children. The CCF effort demonstrates an adaptation of western models for appropriate awareness-raising and skills development in other contexts.

In Botswana, conditions enabled the Child-to-Child approach which was practiced for basic health education to be adapted into a school readiness activity. This grew out of concern that rural children were not succeeding in school because they arrived in grade one unfamiliar with the settings, routines, people and materials. Use of the Child-to-Child curriculum in primary schools to promote ECD builds operationally on a local reality: older siblings care for younger siblings and can be mobilized to support their school readiness. Additional conditions enabling this effort are not only the externally available (copyright-free) Child-to-Child model itself, but agreement from primary schools to involve the time and effort of teachers and older children. External funding for teacher training workshops maintains the effort, but also makes it dependent upon the availability of funding. Sustainability and government commitment could be addressed simultaneously if a dual agenda were pursued with the Ministry of Education to document the program's benefits more thoroughly and advocate alterations in primary school curricula and teacher training. The enabling conditions would thereby include targeted social responsibilities and partnership between organizations and financial inputs.

The enabling conditions of the Credit with Education approach applied in Ghana, Mali and Burkina Faso are quite different from those described above. Aimed at the informational, organizational and economic roots of malnutrition, this approach expands the poverty-lending agendas of local credit institutions. It requires two main enabling ingredients: women interested to form and participate in Credit Associations, and a local institution interested in a partnership with Freedom from Hunger (FFH). This institutional partnership integrates health and child care education, microenterprise and a group management agenda into the local institution's current systems and skills. This latter, institutional interest in a systems-altering partnership, has a built-in incentive: such services can increase the female clientele of an NGO credit program, credit union, or rural bank. The overall goal of FFH's approach is self-sufficiency of the local institution in three to six years, so sustainability of external funding and expertise lessen as concerns. Credit with Education thus combines two techniques of participant motivation — income and healthy development — to gain impact, sustainability and effectively target poor, rural women.

All of these approaches to providing and enhancing ECD activities respond to needs in specific national (Kenya, Mauritius), sub-national (Zimbabwe, Angola) and supra-national contexts (Madrasa Preschools and Credit with Education in Ghana, Mali and Burkina Faso). From these approaches we see that ECD needs can be met in a variety of ways that build from what is available in the particular context.

Broader ECD Awareness and Policy Efforts

Four approaches considered in this report undertake ECD efforts on a broader level by aiming to alter policy in support of ECD and to build national awareness about ECD. These efforts arise from specific internal dynamics and draw upon available resources as shown in Table 7.

Table 7. Enabling Conditions for Broader Awareness and Policy Efforts

Approach	*Enabling Conditions*
Development Communication Pilot (Nigeria)	• Nigerian Television Authority educational mandate • local implementing institution and staff capacity • external funding and technical support
Organizing Grassroots Policy Impact (South Africa)	• many experienced community groups, institutions and NGOs working in ECD • changes in government • openness of national policy debate
Supportive National Policy (Namibia and Mauritius)	• collective responsibility for child development • dedicated, energetic leader(s) • openness to coordination of resources

In Nigeria, the Development Communications Pilot Project builds upon the Nigerian Television Authority's (NTA) educational mandate and infrastructure. Unlike the ECD provision documented in earlier sections, the capacity building in this project focuses upon script writing and other aspects of television production. Collaboration and funding from the World Bank provide access to training resources, information and models from other national children's programs as well as equipment for quality production. These enhanced "ECD skills" aim for long-term impact upon the television industry and fuller exploitation of the NTA's educational mandate. As in other efforts supported by national-international partnerships, both internal and external resources offer long term impact by enhancing technology and skills for ECD.

The enabling conditions of the grassroots and government policy efforts are more difficult to capture than would be the situation for individual program efforts. The origin or nascent forms of collective responsibility as well as commitment to broad-based coordination for ECD are difficult to identify. Context-specific and singular, once-off action at propitious moments appear to underlie all of these ECD policy efforts.

In South Africa, the presence of many NGOs with long experience in implementing, training, research and networking in the ECD arena provided ample local expertise and representation to exert pressure upon politicians to support policy and more concerted action. The strength of the associational behavior of ECD workers and advocates — groups sometimes competing with each other over professional standards and optimum improvement strategies — represented valuable social capital behind ECD. Between 1990 and 1993, the South African Congress for ECD built its constituency of 40,000 members through a consultative grassroots process which drew in NGOs and various networking and advocacy groups to identify needs and priorities for children and ECD workers.

In March 1994, the Congress emerged as one mass movement. It aims to serve the needs and interests of South Africa's seven million young children through increased and improved ECD provision. The major components of the Congress' mandate are listed in Box 3 in the following chapter. To this should be added review of norms and standards of accreditation. Among its first major activities in 1994 was advocacy to raise the priority that children would receive in the reconstruction and development plans of the new South African Government. Substantive changes in national government and the alteration of policy across the board provided the opportunity for input and open debate in a dynamic and series of changes that are specific to the South African context.

The policy declarations of Namibia and Mauritius are widely published, but the processes through which they were agreed are less documented. Anecdotal reports refer to charismatic ministers, dedicated local and international NGO staff, influential international advisors and the well-timed investment of foreign grants and/or loans. All of these mixed with national values and democratic evolution to result in policy supportive of ECD.

The combination of elements in these latter two countries, however, led to quite different approaches. Namibia's National ECD Policy focuses upon a supportive framework for roles and activities for community-based ECD provision led and coordinated by the Ministry of Regional and Local Government and Housing (MRLGH) and the Ministry of Basic Education and Culture (MBEC). By contrast, in Mauritius, one lead ministry (Women's Rights, Child Development and Family Welfare

[MWRCDFW]) pursues a wide legislative and action agenda which includes: the public-private day care experiment noted above, extension of maternity leave, protection of children from abuse, and the creation of a Day-care Trust Fund for institutional soft loans. The MWRCDFW pursues each issue with the appropriate ministry and private partners. These two cases underscore that it is not only the presence of elements that influence policy but also how they are placed within the national ministerial framework which affect the type and focus of the ECD policy produced.

Areas of Analysis for ECD Design and Planning

Analysis of the eleven case studies suggests that knowing the shape and scope of resources below can determine the prevalent enabling conditions and help in the identification and design of appropriate ECD approaches:

i. Priority areas of child development that are unmet such as nutrition, school readiness and day care
ii. Extent and source of community demand for ECD services
iii. Extent and type of community resources
iv. Existing ECD skills at the local and national levels
v. Availability and interest of local ECD workers
vi. Community capacity for participation
vii. Capacity of local institutions
viii. Extent of national awareness and demand for supportive policy
ix. External and supra-national resources for ECD provision such as training opportunities, materials and networks
x. Policy movers and other stakeholders who favor ECD including government and NGO staff, international advisors, local movements and business people
xi. Power and extent of access to mass media.

In planning effective ECD efforts, it is necessary to consider all of the resources in the environment of the child. Family, community, community-based NGOs, local authorities, national NGOs, government ministries, and international agencies are the individuals and institutional actors in a child's life. Culture, professional standards, policy and international accords are among the ideological influences in the child's support systems. In each context, these actors and influences arise in different patterns to support child development. A map of these variables constructed in-country and beginning with the nation's children at the center facilitates planning to utilize resources to the fullest. This map can be built through the analysis and periodic reassessment of the eleven enabling conditions mentioned above.

3. EXPERIENCES IN ECD POLICY AND PROGRAM PROVISION

Child rearing and early education are among the primary and strongest socializing influences in a young child's life. It follows that a wide range of cultural traits and habits from the surrounding community and nation can feature in any ECD program or policy. While there is evidence of this in Sub-Saharan Africa, and program and policies do differ among communities and certainly between nations, there is also a strong presence in the region of Western models. A particular issue for ECD policy and programming in the region is therefore which array of methods should be used to build upon local culture. The choice will determine the extent to which accessible and realistically sustainable ECD programs are provided in Sub-Saharan Africa.

ECD Delivery Models and Program Implementation Issues

Building on Local Culture

Local culture can be a source of curricular topics for ECD programs. The Kenyans devise a multicultural set of resources from customs and traditions across the country in order to reinforce children's identity and enhance the local relevance of the preschool curriculum. Yet, this is done within a set of national norms. It is accomplished by utilizing a two-tiered curriculum. The first component is a centralized framework of national standards. The second component is formed by and for use within the district centers. Government staff, community teachers, community members and children collect, demonstrate and share local songs, dances and stories in their mother tongue and incorporate these into a curriculum. Dating from 1972, when the predecessors of the National Center for Early Care and Education (NACECE) began collecting mother tongue traditions, there are now ECD resource materials in twenty-six languages.

Local culture can also offer options and solutions for implementation and extension of ECD support, for information sharing and behavioral change. In Botswana, older children traditionally take care of their younger siblings. Accordingly, the ECD program does not target parents, aunts or grandparents with information regarding the support of children's health, nutrition and early learning. Instead, the program stresses that learning takes place informally and that (older) children themselves can be agents of change. In other settings where the traditional child-rearing role of the grandmother prevails, she is the focus of child development programs.

Culture can provide institutional structures to mobilize in support of child development. In Kenya, Uganda and Zanzibar the existence of local Madrasas (religious schools) provides an alternate delivery system for preschool education that builds upon a locally esteemed institution in the community. Within the Madrasas, community participation helps to formulate a dual agenda which brings traditional cultural and religious values together with secular, modern learning and theories of child development to strengthen children's readiness for primary school. The Muslim community and Madrasa program staff design and periodically adjust the curriculum to "provide children skills for the modern world while reinforcing identity via building on tradition and culture" (Said and Maherali 1993: p. 38).

In Angola, the curriculum of the Mobile War Trauma Team (MWTT) described in Box 1 is tailor-made to build upon the local tradition and culture in each target community.

Box 1. The Mobile War Trauma Team Builds on Culture in Angola

Two-week participatory training sessions for 20-25 people combine local traditional culture and healing rites with recent scientific findings on child development, trauma and healing in a flexible approach that the trainees help adapt to their local situations. Much of this adaptation is achieved by the trainers and trainees together as they examine the environment of the child and the available supports to his/her healing and healthy development. The trainees of the MWTT project are professionals, paraprofessionals, parents and youth leaders who interact with children in refugee camps, children's homes, schools and street children's programs. They include teachers, doctors, nurses, social workers, NGO staff workers as well as community leaders. The training sessions are conducted at the sites where the trainees work with children and in a manner which consciously avoids a lecture methodology. A participatory and partnership-oriented approach helps trainers to learn from the local community about their specific war experiences, the needs of their children, and the traditional modes of healing they use. Considerable discussion on how to deal with conflict at home without resort to violence encourages nonviolent conflict resolution in these communities.

Collaborative exploration of the total environment of the child builds in local situation analysis and leads into group problem-solving, skill building and the formulation of partnerships to meet needs. The training design builds interventions upon local traditions and encourages continued learning by the MWTT about various cultures and healing techniques in each successive training. A target community and MWTT together learn how that particular community heals and reinforces the importance and place of its rites in the rebuilding and cohesion of local networks.

Incorporating local culture into an ECD program can also provide cross-cultural exposure from the earliest years. In Nigeria, the scriptwriters of a forthcoming children's television series look at cultural groups in the four main areas of the country to create a diverse set of characters. They aim to ensure that their stories will mesh with local understanding. The series utilizes a "Funbus to adventure" which travels from location to location across the country to bring knowledge of all cultures into program content. This builds upon local resources and exploits them for the purposes of greater cross-cultural learning and understanding within a diverse population.

There are numerous mechanisms for building upon the cultural strengths of a community for an ECD intervention. The cases reviewed utilize cultural resources for curriculum content and to capitalize upon familiar habits and ideas to introduce new information and skills. These programs put to work the most basic elements of children's socialization to strengthen healthy child development. The greatest allies for effectively engaging local resources are those who know the particulars of the community and its situation, its traditions and culture. Community members, national professionals and international advisors combine their knowledge and skills to construct a developmentally appropriate response to support and exploit local resources for child development.

Integrating Health, Nutrition and Education

The programs under study present a variety of techniques for integrating children's health, education and nutrition services. One site of Zimbabwe's FKP trains farm health workers to *make the community preschool the focal point of child development support for children's health and education.* The ECD workers themselves are expected to be the points of integration, to merge community-based health care and child care. In Angola, the MWTT focuses its efforts on the mental health and development of children who have experienced trauma. It partners with diverse organizations which work to meet children's physical, nutritional and educational needs to produce converging services for child development. The MWTT uses partnership possibilities as a targeting mechanism and through them achieves integrated programs.

In Kenya, the National Preschool Program brings parents and teachers together for cooking demonstrations and health workshops. These aim to extend community understanding and participation in enhancing nutrition and health care at the preschool and at home. This approach connects developmental environments — preschool and home — as well as target groups: children and caregivers. The maternal health and child care curriculum of Credit with Education in Ghana, Mali and Burkina Faso works to overcome obstacles to healthy child development through structuring discussion of daily events and women's experiences. The program introduces health and nutritional facts to be considered along with local knowledge as the women debate health, nutrition, social and cognitive aspects of children's development in the community.

The approaches of South African organizations in supporting children's development for the ages of zero to four range from programs in parent education and home visiting to child-minding, day care, playgroups and income generation. These experiences are the subject of a separate (forthcoming) case study that was sponsored in conjunction with the World Bank Africa Regional ECD Initiative. The report with its focus on the crucial period between birth and preschool will provide additional in-depth information on programmatic experiences in integrating children's health, nutrition and education in Sub-Saharan Africa.

Community Participation

Rearing children is a fundamentally local challenge in every community in the world. Recognizing this, policy makers and program implementors in Sub-Saharan Africa have looked to human, financial and material resources at the local level to build programs and pass policy that complement local child rearing efforts. Community participation manifests in several ways in the programs selected for study: community agreement and acceptance of an ECD intervention, community support as a contingency to establish an ECD program, and community partnership in constructing program activities.

In Nigeria, the Development Communication Project enters into implementation and experimentation in ECD television programming upon communities' acceptance of the videos, testing methodology and materials. The community must also commit to sending their children to school and acting on the televised messages. In this situation, the communities are primarily beneficiaries. Their receipt of ECD support is contingent upon their acceptance of the ECD product.

In the Kushanda Project of Zimbabwe and the Madrasa Preschool programs, the partnership between community and implementing agency is more extensive. The community is required not only to accept, but also to commit to continuing inputs and economic support. If a community does not commit to support a local preschool by nominating a teacher, paying his/her salary and providing a physical structure for the preschool, the implementing organization will not help to establish a preschool in that area. Community participation is thus the centerpiece of these efforts. The essentials of community participation in the Madrasa preschools are outlined in Box 2. (The MRCs are currently part of a regional program, which is described later in this chapter.) A similar formula in which an ECD intervention is contingent upon community initiative and support is represented by the 1995 National ECD Policy of Namibia.

Box 2. Community Participation for Madrasa Preschools in Kenya, Uganda and Zanzibar

The Madrasa Resource Centers (MRCs) support the establishment and sustained activity of community preschools in targeted Muslim communities in Kenya, Uganda and Zanzibar. Toward initiating preschools, each MRC conducts awareness-raising sessions twice a year and invites 30-50 community leaders to each session. The leaders learn about the partnership approach and the roles expected of the MRC and the Community as partners. The community leaders return to their villages to discuss this and may revert to the MRC for further consultation. Only once there is agreement within the community to meet their roles in the partnership will the leaders return to the MRC to begin work. If such agreement does not exist, the community preschool will not, either.

The community must form a Local Management Committee (LMC) to establish, support financially and manage its Madrasa Preschool. The LMC recruits and oversees teachers, sets salaries, and manages resources.

For its part, the MRC:

- supports local efforts to create community awareness of the importance of preschool;
- supports the development of LMCs to handle day-to-day operation of the preschools;
- trains teachers for the Madrasas; and
- provides continuing follow-up supervision and curriculum support.

The LMCs are supported by recently-instituted MRC Community Development Officers. They train and work with the LMCs in accounting and other procedures to enhance community capacity for preschool support, broaden understanding of ECD and its value in the community, and increase the quantity and quality of community participation. Through their work with the MRC, the communities strive to meet criteria for accessing endowments for continuity of funding the preschools.

Angola demonstrates a different approach to community partnership. Communities and the MWTT construct program activities by combining indigenous healing practices and Western ideas of psychology, trauma and healing. Similarly, the Credit with Education program in Ghana, Mali and Burkina Faso formulates women's credit association health and child care messages by drawing upon local tradition and awareness of children's environments to analyze problems and collectively produce responses. As noted, community participation to incorporate local knowledge as a program resource is also part of the Kenyan experience in curriculum development. The use of community resources to formulate program content applies to the field of

ECD a more general pedagogical principle of locally appropriate programming for enhanced effectiveness.

Community-based activities can provide a sustainable foundation and may achieve cost savings through substantial community inputs for infrastructure, salaries and management. However, community capacity may not be sufficiently strong, even in partnership, to undertake a new ECD effort. This transpired in the Kushanda Project which increased its efforts over time to mobilize and train local communities in preschool management. The project augmented its own capacity by training elected officers in the areas of decision-making, budget administration, planning and program supervision. *The lesson is that to ensure the sustainability of community-based ECD efforts that establish new institutions, attention to local management skills must accompany the provision of training for preschool teachers and other ECD workers.*

Organizing at the Grassroots for Policy Impact

A number of efforts in the region have experience in grassroots organization for policy impact. This is an important aspect of ECD programming for two reasons. First, in a region of developing democracies, the experience of participating in local organizations for change is a significant contribution to national development. ECD policy provides an issue of widespread interest for public debate and several programs have developed venues and networks for systemic input at regional and national levels. This has been most powerful in South Africa, where the NGO-driven South African Congress for ECD has had direct input into the 1995 Government White Paper on ECD.

Second, policy change in favor of long term government support to ECD, whether rhetorical, material or financial, can be a route to sustainable impact. Government support can be manifested in greater awareness, institution building or budgetary support. The emergence of clear interest groups for ECD brings this onto politicians' agendas at every level. In Zimbabwe, the FKP organizes a network of 220 scattered communities into a single voice that demands national resources. This adds local parents' and ECD professionals' voices to the democratic dialogue.

In the two countries above, existing grassroots efforts came together to articulate demand for ECD support. The national ECD Congress in South Africa emerged from the combined effort of many years of linking ECD projects supported through the Bernard van Leer Foundation, and (in the early 1990s) a more formal, three-year consultative process which drew in South Africa's extensive NGO community working in ECD. These groups formulated priorities for serving children in the age group zero to nine and established a body for action, described in Box 3.

Box 3. South African Congress for Early Childhood Development

Only half of South Africa's seven million children under the age of six have access to ECD services. The ECD Congress advocates that young children receive first priority in the program for reconstruction and development in the new democratic state. The ECD Congress was established in March 1994 as the culmination of a grassroots consultation process that began in 1990 to mobilize and unite the ECD field in the interests of all children and ECD workers. This body mobilized a strong grassroots social advocacy movement for young children and ECD programs, focusing upon efforts to strengthen both Reception Year (age five) school readiness programming as well as convergence of health, nutrition and early stimulation efforts in programming for children zero to four.

The South African Congress for ECD is a voluntary association of individuals, organizations and institutions. It comprises the National Congress, the National Council and the National Executive Committee and regional structures that consist of Regional Conference and Regional Executive Committee. It aims to create and promote opportunities for the education, care and development of the highest quality for young children. In particular, the Congress:

- advocates and promotes the establishment and equitable distribution of facilities and programs to provide a wholesome environment for early childhood development;
- formulates and advocates standards for early childhood development and encourages recognition and maintenance of such standards through accreditation and certification;
- formulates and advocates policies and initiates, promotes and supports legislative and other measures that encourage sound early childhood development;
- promotes caregiver training and seeks to improve their working conditions and rights;
- promotes the principle of co-responsibility of parents, community, the private sector and the State for the provision of early childhood development; and
- undertakes research on early childhood development.

In Zimbabwe, the Federation of Kushanda Preschools emerged as a grassroots institution from a preschool dissemination project. The FKP addresses ECD policy issues and continues to extend preschool teacher training and community preschool support. The nationwide effort in South Africa, in which the Congress has 40,000 members, and the effort in Zimbabwe which reaches across two districts and comprises more than 7,000 voices, build ECD awareness, community support and national democracy.

Targeting Investments

In many of the community-based programs, the criteria for targeting are constructed from the combination of identified needy areas and the level of community interest in participating in the program. The latter, often termed self-targeting, hinges upon whether or not the community shows commitment to sharing responsibility for the program with the government or other implementing agency. As noted previously for the Madrasas, the MRC undertakes teacher training and community mobilization only if the community will fulfill its role in the partnership. Similarly, the Kushanda Project in Zimbabwe views self-targeting as a crucial element in their success. It strives to avoid the appearance of beneficently granting a preschool. If a community is not prepared to be involved actively in having a local preschool, the Project will not support its establishment.

There are risks associated with this approach. The terms of the partnership may be too difficult for the poorest Sub-Saharan African communities to meet. In some communities, undertaking to pay the salary of a preschool teacher can be an overwhelming demand upon local resources. In others, the inability to spare the space for a site or the labor to build a preschool might keep a disadvantaged community from participation. In these cases, self-targeting may be a hindrance to extending ECD. A second and related risk is that in order to self-target and participate, the community must have access to information about the partnership as well as the leadership skills to take advantage of it. Again, the most disadvantaged and isolated communities might be left out.

Another approach to targeting is to identify populations who would not otherwise have access to ECD services. This is the case in Nigeria, where the Development Communication Project found that 36 percent of children had access to television. It then targeted pilot community populations without access where the size of the preschool population was sufficiently large to warrant attention. These communities will receive visits from mobile units or will establish video centers through the project. The Kushanda Project also applied the "no access" criterion in the start-up of its program in commercial farming communities. Residents on large private farms, where there are no government services, had no access to ECD supports of any kind. The difficulty in adopting the no access criterion is that the populations without access to ECD services are numerous and large. This may overwhelm initial program capacity. And the development of a program with wide coverage is a long term proposition. Kenya's experience is instructive. Even with a quarter-century investment in ECD, 70 percent of preschool children in Kenya are still not reached. Therefore, targeting populations with no access to ECD must be used in conjunction with delimiting criteria of sub-national geographic units, age range, population density, income, health and nutrition indicators, primary school enrollment rates and/or primary school drop out and repetition rates.

Four of the experiences in this study target entire populations of children through legal reform (Mauritius), policy (Namibia and South Africa) and ECD information and awareness (Nigeria). In addition, the work of CCF in Angola targets the awareness and skills of ministry officials and other professionals who are responsible for children's welfare. These efforts are not focused directly on the provision of services to children and their families, but at the value of ECD in a nation. The value is expressed through actions of lawmakers, public institutions, television production staff, government and NGO staff. The work of these professionals and the priorities they set indirectly impact children, create broader demand for ECD programs and access to information, and help to define priorities and parental, professional and institutional roles in supporting healthy child development.

Program Quality

Local Teachers and Trainers

A number of programs train community members to support child development in local programs. In Zimbabwe's FKP sites and for the Madrasa Preschools in Kenya, Uganda and Zanzibar (described in Box 4), locally selected women work with the implementing organization to build their capacity to become preschool teachers. For these implementing agencies, the women's education level is not a factor that can exclude them from the preschool training opportunity.

Box 4. Local Women Teach in Madrasa Preschools

Locally selected women become the Madrasa Preschool teachers. Without this possibility of skills training and employment in the Madrasas, the majority of the women would not be working outside their homes. They are, on average, 18-26 years of age and unmarried. Their formal educational attainment is generally low: known primary school performance is low, and few have any secondary education. Of those teachers trained between 1990 and 1992, 48 percent are primary school drop outs.

According to teacher support staff, the teachers' lack of education at times affects their own confidence in their recently-acquired teaching skills and makes them apt to give in to the demands of parents especially to concentrate on primary school readiness so that academic content is emphasized far more than in the child-centered curriculum advocated by the MRC. This is one reason the MRCs are strengthening their training curriculum and in-service training in the coming five-year phase. It is significant that AKF notes a decrease in primary school drop-outs in communities participating in the project. Further study may determine whether and how these Madrasa teachers serve as role models and positively affect community support for girls' education.

The philosophy of the MRCs and the FKP in Zimbabwe is that selection of locally resident teachers contributes to stronger connections between parents and teachers, and between the community and the preschool, which combine to facilitate smooth operation of the program and benefit child development. The training of local women to run preschool centers may also avoid high costs of extensive professionalization of ECD. The costs are a function of high salary requirements (as will be discussed later in this chapter) and community-ECD worker disconnect. Drawing teachers from the local community, however, may also necessitate a broader array of resource materials for training since the prior education and experience levels of trainees — while usually quite low — invariably cover a wide range. In addressing this issue, NACECE in Kenya has experimented with an alternative to its two-year in-service training system that normally requires a secondary school certificate in order also to take in trainees with lower levels of prior education. The Namibian National ECD Policy also advocates a tiered training system. This will provide foundation training to cater to the needs of early childhood workers with little or no basic education, a mid-level training, and a tertiary level training. There are additional examples of multi-tiered training programs in the Sub-Saharan region. One is given in Box 5, which describes the program of a well established indigenous NGO in South Africa.

Box 5. Training and Resources in Early Education (TREE)

TREE was established in 1985 to promote quality early education and care through nonformal training of teachers, parent and community involvement, and the mobilization of needed resources. TREE offers training and technical assistance to over 700 ECD centers in Northern and Southern Natal, Durban and Zululand. Economically disadvantaged communities are especially targeted.

The multi-tiered training program is designed to meet needs of ECD workers at several points along the service delivery chain:

- Foundation course: for beginners in ECD who have little previous training (course comprises two one-week modules)
- "Inkulisa - Mgondo Course": builds on the foundation course, for people who run daily programs in ECD centers (course comprises one week plus one day a month for a year)
- Higher diploma course: for experienced ECD teachers with positions of responsibility in their centers (course comprises eight weekends a year for two years; this advanced level training is based on the Hi/Scope curriculum)
- Adult training for trainers and facilitators: for those who completed the diploma course and show potential to work with adults (course comprises three days a quarter for two years)

continued on page 37

continued from page 36

- Course in caring for children aged zero to three: for ECD caregivers who work in their own homes or in centers (course comprises one day a week for six weeks)
- School readiness course for preschool and "Sub A" teachers: for those who work with children in the last year of preschool or the first years of primary school (course comprises two one-week modules).

All courses, with the exception of the advanced course which awards a diploma, award certificates. All courses include practicals and visits to ECD sites.

In addition to the courses, TREE runs a workshop theme program, community-based training upon request, resource centers and shops where low cost materials are sold.

TREE adopts a multi-sectoral approach to ECD which is also evident in its work across government administrative sectors responsible for health, education and parental concerns. TREE is involved with the major government initiatives including the Department of Education's Reception Year Pilot, Department of Welfare's program for unemployed women with children under five, Department of Health's National Plan of Action for Children, and the South African Broadcasting Company and Department of Education's television and radio programs for children and parents.

While there are gains in community-ECD program relationships when teachers and trainers are local, the relatively low educational level prevalent in targeted communities often necessitates more intensive supervision. This infers costs that may or may not decrease over time, depending upon the chosen intensity and logistics of supervision. In Kenya, the MRCs provide more intensive and on-going support to teachers than NACECE does. A cost-benefit analysis of these programs may help assess the value of adding intensive follow-up to the national system of preschool teacher development.

Finally, teacher accreditation often emerges as a policy issue in countries where organizations train local teachers for preschools in their communities. This happens especially when a cadre of preschool teachers with lower levels of education has equal responsibilities to government-supported and more educated teachers. In Kenya and Zimbabwe, established minimum qualifications have been challenged as being too high, as having been set according to unworkable foreign standards, and as being inflexible in failing to credit past work experience in ECD. If government provides more qualified preschool teachers with training and/or salary supports, a complementary local teacher training program can either a) discover how to support local teachers in reaching the required levels of qualification, or b) work with government counterparts to try to introduce more flexibility into the system of qualifications. The question is, if expanded ECD access is desired, but local teachers with the requisite prior education are not available, should access be denied to willing teacher trainees with lower levels of education? This issue would benefit from an evaluation of the quality and impact of ECD that is provided by local teachers with comparatively lower educational qualifications, compared with the quality and impact of the work of teachers who have higher qualifications.

The issue of accreditation involves not only the teachers, but also the organizations, often NGOs, that mobilize to meet training needs. In Kenya, the national structures provide training support, but in the absence of full coverage, efforts such as the Madrasa Preschools meet additional demand for community preschool teacher training. The training that local teachers receive from the MRCs, however, does not earn them government accreditation. Indeed, some of the long-established Madrasa teachers became interested in receiving the government certificate and went on to take the two-year diploma course at the District Center for Early Childhood Education (DICECE). Obtaining the certificate is both costly and time-consuming for them. It was noted above that NACECE is addressing the aspect of time and costs by introducing a shorter course.

Likewise in Zimbabwe, although the FKP trains local teachers, the latter cannot receive certification by the national standards. *It appears advisable for countries to reassess accreditation norms and training systems which certify teachers. Two key questions should be explored: Can training and support systems produce quality ECD professionals regardless of educational level? How can national accreditation systems formulate standards that promote and realistically influence quality?* The South African Congress for ECD recently embarked upon an assessment and is considering quality control at the level of ECD provision directly to children as well as quality of training.

Training in ECD Provision

Community Preschool Teachers

Preschool teacher training schemes in the cases selected demonstrate that close proximity to the actual site of preschool work and alternating training with practice instill realistic expectations and boost active learning and trainee confidence. Adding instruction in community participation and mobilization to the training programs enhances the teachers' role outside the classroom if this represents a realistic workload for the individuals involves.

In the Federation of Kushanda Preschools, the isolation of the farm sites dictated that the training feature intensive on-site sessions in early childhood development and close personal involvement of the trainers. The training is conducted through a combination of residential and on-site training sessions. The curriculum covers: a) how children develop and learn; b) models for preschool organization and facilitation; c) child health and hygiene; d) production of play and learning materials from local resources; and e) management of relationships with parents for the children's optimal development. The trainees first learn about the ideas in each category. Then they see the lesson modeled and try to apply it in practice.

The central principle of FKP's training approach is that one cannot learn how to work with children in the absence of children. The project has also concluded from a decade of experience in training preschool teachers that setting up training centers which are better equipped and have more abundant human resources than can ever be available in a teacher's own community undermines him/her from the start. The project further mounts innovative approaches to intensive follow-up to its training (described in Box 6) to keep ECD trainees in contact and learning about preschool provision over many years. The mechanism consists of local teacher support networks coupled with support from project staff.

Box 6. Follow-up and Supports for Preschool Teachers in Zimbabwe

After teachers trained in the Kushanda Project complete their course-work in the residential center, they return to their villages to open their own preschools under trees or in abandoned buildings. Over time, the classes move to their own shelters constructed by parents. The trainees in Chinyika receive follow-up support and supervision from the Kushanda Project in weekly visits by the training instructors and later the assistant instructors. In isolated communities of Marondera, however, cluster workshops were devised as a solution to the logistically impossible schedule of regular one to two day visits by the trainers. These workshops bring together four to six teachers for three days three times a year for refresher courses and opportunities to share experiences, solve problems together, build group camaraderie and professional support relationships. Solving this logistical difficulty led the project to discover the value of preschool teachers working within local groups.

In the national preschool program of Kenya, government training and supervision of preschools teachers is carried out through national and district centers (NACECE and DICECE). These organizations serve as resources to preschool teachers, to build their capacity in appropriate skills for teaching the young, in creating learning materials from local and environmental resources, and in mobilizing communities to meet the needs of young children.

The two-year in-service course entails six residential sessions alternated with field experience. During the residential sessions, the trainees study child development, health and nutrition, curriculum, research and evaluation, community education and mobilization. With this last subject, trainees gain skills to take on roles beyond caring for preschool children to become involved in mobilizing communities for broader ECD activities such as establishing feeding programs and constructing learning materials. The Kenya program uses participatory approaches in training so that trainees bring their knowledge and experience to the efforts and build confidence. The alternation of training and classroom experience provides opportunities for feedback and application of ideas.

The objective in the Kenyan approach is to impart practical skills that will allow each trained teacher to extend into and exploit his/her environment for children's learning. This was similarly tried in Zimbabwe, but without success. The Kushanda Project found that teachers were unable to take on both community mobilization and education roles. Accordingly, the project added adult nonformal educators to its own staff. These members work with adults to meet their educational needs and mobilize their skills in support of community preschools. Thus, what was possible in one community preschool experience could not be undertaken in another. This could be due to local skills, community cohesion, teacher compensation, or community demand and skills for ECD support. In South Africa, TREE has also accounted for these factors in adding a parent and community support and advisory service to its outreacah activities. These services are provided on request, and may consist of advice to communities on income generation to raise funds for people to attend ECD training courses and to purchase materials and other supports for ECD centers; training for community committees; and input on environmental projects such as food gardens, tree planting and advice on fresh water and sanitation.

Parents and Other Local Caregivers

Two approaches that train other types of ECD workers are part of the Credit with Education and the MWTT programs. Both enlist trainee participation as a centerpiece of the training agenda. The training of ECD workers in Angola takes place during two-week sessions that bring twenty to twenty-five people together to combine traditional knowledge with recent scientific findings on child development, trauma and healing. Positioning the training at or near the sites where trainees work with children allows the MWTT trainers to learn about the community's specific war experiences, the needs of their children and their traditional modes of healing. Collaborative exploration of the total environment of the child builds in local situation analysis and leads into group problem-solving, skill building and formation of partnerships. Each training concludes with trainees developing plans to translate ideas into action. The training thus enhances local understanding of trauma and creates local healing techniques. MWTT conducts two-hour follow-up visits twice each month in communities which have recently received training, and once each month in more experienced communities. During these visits, two MWTT members support trainees by helping them address difficulties encountered, reinforcing learning and discussing and evaluating which efforts work and which fail in various communities.

In Mali, Ghana and Burkina Faso, putting ideas into action is the focus of the Credit with Education field agents and Credit Association participants. They discuss and learn about target issues in the areas of health, nutrition and child care, group management and microenterprise development through the iterative steps of local analysis and problem-solving. Here, the training focuses not upon the messages and their conveyance, but upon the discussants and the utility of debate. Model lesson plans developed by Freedom from Hunger (FFH) and the program staff provide field agents with a kit of tools and techniques for promoting the participation of the women in the learning process. The training elicits discussion and group guidance, so that women learn the process of discussing problems, finding solutions, testing and reassessing them.

These cases which train other than preschool teachers emphasize participation and process that build capacity for analysis and synthesis of child development resources. The training comes to the communities, following the principle of training close to, if not actually at, the site of ECD program implementation.

Measuring Program Quality and Effectiveness

There is very little information available on the quality and effectiveness of ECD programs in Sub-Saharan Africa. Indeed, *a central challenge to pursuing more extensive documentation is the difficulty of reaching agreement on elements of child development which might reasonably be measured across nations, cultures and systems of program delivery.* As Le Vine (1994: p.15) notes, "The shape of childhood environments... and childhood experience, though varying from one individual to another even in the same family, will reflect the dominant cultural scripts for social interaction, emotional expression and other... social behavior". As parents' agendas for child development and their conceptions of child care needs and appropriate responses vary across the Sub-Saharan region, it is difficult to formulate an overarching formula for defining quality and assessing impact.

Available evaluation and impact documentation shows that the programmatic impact of ECD efforts can be measured at many levels. The efforts reviewed here feature measures at the levels of the child, ECD worker, community, and nation.

Assessing the impact of ECD interventions at the level of the child reveals the most direct effects of ECD programs. In Angola, Green and Wessells (1995) measured the impact of the MWTT at the level of the child and found that child participants had:

- More cognitive and affective response
- Enhanced perspective on the future
- Less aggressive behavior
- Fewer stress reactions, concentration problems and psychosomatic illnesses.

Similar reports from the Madrasa Preschool experience, the Botswana Little Teachers effort, the FKP in Zimbabwe, and the National Preschool Program in Kenya show that the program participants integrate and achieve better results in primary schools.

These assessments consider a range of effects through observation as well as through teacher and ECD worker reports. Indicators include: quality of child communication, exam performance, in-class behaviors that can be categorized as academic (knowledge of language of instruction, use of a pencil and following school routines) and social (sharing materials, independence, responsibility). In addition, Woodhead (1995) notes the important contribution of preschool efforts to learning a non-maternal language of instruction. As experienced in the preschools supported by the Kuru Development Trust in Botswana, this can contribute greatly to school readiness among minority linguistic populations.

In Kenya, Gakuru and Koech (1995) found that over the period of a year, groups of children attending community preschool in Machakos District performed better in cognitive activities such as sorting objects by color, shape and size and piling blocks than those who did not attend community preschools. In addition, the children in preschool refused less often to participate in the assessment activity than children not attending preschool. The authors conclude that "this pattern reflects the exposure to similar sorting tasks at the preschools, and demonstrates an impact of the formal intervention programme on the children's development" (Gakuru and Koech 1995: p. 60).

The evaluation of the Angolan MWTT program (Green and Wessells: 1995) also assessed the success of training efforts. The evaluators discerned changes at the trainee/ECD worker level and found that 98 percent of the trainees reported stronger ability to identify children experiencing trauma; 78 percent noted that they could put the training ideas into practice. Ninety-one percent felt that they were able to improve children's behavior in certain areas. Examples included: decreased sleeping and bed-wetting problems, diminished violence, improved psycho-motor skills in young children, display of greater hope in the future and trust. In addition, the evaluation learned that while 96 percent of the trainees were able to have better relationships with the children, only 80 percent felt that they could *meet* children's emotional needs. The evaluation concluded that while the MWTT effort improves the situation, the contextual circumstances require additional supportive measures for healthy child development.

Both the FKP and the Madrasa project report that preschool teachers outside the target areas request training and support. This indicates local acknowledgment of the value. In addition, the Zimbabwean Ministry of Education district trainer stated that the Kushanda training content and the placement of the center next to an actual preschool were improvements over the theory-based training conducted by the network of ECD trainers which his ministry supported (Booker 1994). More formal evaluation (Nyandiya-Bundy 1991) found that Kushanda trainees used most of the equipment observed in the preschool and that it was age-appropriate and culturally relevant. *Assessments of training effectiveness are central to improving ECD worker capacity, but this form of evaluation is not performed consistently across all programs in ECD.*

At the community level, even less information on assessed impacts is available. The Kenyan national effort finds that a positive change in the support of parents has facilitated the management and functioning of the preschools. In addition, Kenyan parents gained knowledge in healthcare, nutrition and stimulation skills applied to young children. In Zimbabwe, Irvine (1994) found that the impact of curriculum emphasizing traditional and local activities resulted in increased parental ownership of the curriculum. And in Angola, evaluators observed a significant impact at community level. Through the training and ongoing support of the MWTT, "communities that had been rather apathetic and hopeless became mobilized around the needs of children" (Wessells 1996). Finally, a community-level change is observed by staff of the MRCs:

> There is clearly a direct relationship between the length of time a particular Madrasa has been in operation and fees/salaries. The older Madrasas charge somewhat higher fees and pay their teachers better. This might suggest that communities in which Madrasas have been in operation for some time have come to understand and appreciate the education being provided through the Madrasas. Further, parents in these Madrasas have also come to have a greater appreciation for what is being offered, since they are being asked and are apparently willing to pay higher fees (Said and Maherali 1993: p. 40).

Collective action and behavioral changes at community level reveal awareness and priority for ECD that has important implications for program support and impact on children.

Mauritius and Namibia display progress in passing policy, formulating legislation and making efforts to implement laws at the national level. In Mauritius, establishment of the National Children's Council, the consolidation and publication of social indicators, legislation to enact compulsory primary education through grade nine, and the 1990 Child Protection Act are testimony to success in passing legislation. Once in place, the National Council took on implementation of the country's action plan for integrated child development. For example, it determined that the regulation of day care centers falls short of satisfactory and recommended better quality systems and clearer designation of ministerial responsibilities.

In Namibia, similar progress has been achieved in primary education, provisions protecting the rights of the child, and in a Children's Act. The National ECD Policy drawn up in mid 1995, however, is still relatively new to assess its implementation. As may be expected, there were initial reports of confusion brought about by changes in the responsibilities of government employees and their NGO and community partners, as well as by the novelty of such extensive inter-ministerial cooperation.

The quality and effectiveness of ECD programs and policy can be considered at a variety of levels, depending upon the approach and objectives of the efforts. School readiness (as seen through participation, persistence and performance) in children, enhanced skills in ECD workers, supportive behavior change in communities and legislation followed by implementation in national policy are among the types and levels of impact that have been assessed in these cases from Sub-Saharan Africa. *More systematic assessment is required to enhance our understanding of how and to what degree different models of ECD provision can be effective.*

Institutional Cooperation for ECD

Institutional Arrangements

National Cooperation

In supporting these various approaches to ECD, the actors in each context have developed a set of institutional arrangements to fit the needs of the target population and the program objectives. These arrangements range from NGO-community driven efforts, to government, to private sector initiatives. In Botswana, the American Women's Association initiated Child-to-Child activities using the globally copyright-free materials of the Child-to-Child Trust. This operation was later handed over to a foundation of the same name. The twelve-member Board of the Child-to-Child Foundation in Botswana now includes representatives from the Ministry of Education, the Ministry of Local Government and Lands as well as bilateral and multilateral donors. These members coordinate the school readiness efforts. Such a partnership between public and private parties interested in child development and family welfare also exists in Mauritius, where business and various ministries support the EPZLWF day care centers. NGOs manage the centers and UNICEF supports them with staff training and equipment.

In Kenya, the preschool education project was launched in 1971 from the Kenyan Institute of Education. In 1980, the Ministry of Education made preschool education an official function within its activities. It took on responsibility for registration, supervision and inspection of sites as well as teacher training, curriculum development and the creation of policy guidelines. In 1984, the Government of Kenya established the National Center for Early Childhood Education (NACECE) to coordinate an ECD training and support system. This body works with the District centers of similar name (DICECE) to bring programs of preschool teacher training, awareness-raising and mobilization to communities. In addition, DICECEs develop appropriate local curricula and evaluate the status of preschool children and their settings. These national institutions partner with community groups who own 75 percent of the preschools in the national program. Communities provide land and build the structures, contributing furniture, food and utensils. They pay fees to cover the teacher's salary and sometimes support a cook as well. Further, there is a variety of NGOs and private organizations in Kenya who support particular community centers through the provision of physical facilities, materials, furniture, feeding programs and payment of teachers' salaries. Finally, in Nigeria, the Development Communication Project is implemented through the educational broadcasting mandate of the NTA in partnership with UNICEF, NGOs and private preschool proprietors. The Federal Ministry of Information and Culture provides oversight.

Thus, three different *models of public-private institutional partnership* for ECD programming emerge from Botswana, Mauritius, Kenya and Nigeria. The first is an arrangement of coordination, in which organizations interested and active in the field of child welfare and development in Botswana preside over Child-to-Child Foundation activities through Board participation. The second is a cost-sharing arrangement where, to meet a common need — the welfare of children and their working mothers, parents, employees — government and industry contribute to day care financing. The third model of institutional arrangement involves role delegation, where in Kenya and Nigeria different parties to child development and welfare implement aspects of the overall program as determined by the comparative advantage of their respective institutional niches. An aspect of this third formulation is also at work in Mauritius where NGOs and UNICEF support different aspects in implementing a pilot program

In Namibia, training roles reveal complex institutional arrangements. ECD Officers of the MBEC train Early Childhood Workers. Parent Committees which manage ECD programs receive training from Community Activator Liaison Officers of the MRLGH. These MBEC and MRLGH Officers also train Regional Councils and the Regional ECD Committees to carry out ECD responsibilities assigned to them. National ECD coordinators orchestrate this training, and the regional Training of Trainers initiative of BvLF, UNESCO, UNICEF and Save the Children/US entitled *Early Childhood Development: More and Better* supports the entire effort.

Cooperation Within and Across Nations

An ECD initiative might be positioned below the level of national intervention and arrangements decided by a variety of implementing organizations. In Zimbabwe, the institutional arrangements of the Kushanda Project have changed over time to meet community needs in two districts of the country. The institutional arrangements supporting this effort (described in Box 7) respond to external community demand for ECD programs.

The national-international NGO partnership of the MRCs and the AKF also transcends the realm of national intervention. In this arrangement, the MRCs are locally registered NGOs in their countries and are independent institutions. Each has its own Madrasa National Committee. The MRCs are currently part of an East African regional project so members of their National Committees are represented on a Regional Committee alongside cultural and religious experts and leaders, ECD professionals and representatives from the Aga Khan Foundation. The AKF is an international foundation whose funds and technical staff support the project as required and help to connect it with key organizations and expertise in ECD internationally. This arrangement, while not beyond the scope of the governments of Kenya, Zanzibar and Uganda, combines external resources and a network of practitioners united by a common cultural and religious orientation to meet local needs.

Box 7. Institutional Arrangements in the Federation of Kushanda Preschools

The Kushanda Project began in commercial farming communities of Marondera and was managed by two NGOs: the International Foundation for Education with Production and the Zimbabwe Federation for Education with Production. Members of the Shandisayi Pfungwa cooperative were also involved. The project was undertaken with support from two foreign donors. The combined group began an integrated community development project to raise the farm workers' standard of living through skills training, material and financial inputs. Adult education, literacy and extension training for health and nutrition, and early childhood education were incorporated into the project. Families identified priority needs for ECD programs and Kushanda altered its activities to meet this agenda as it emerged. Later, in Chinyika, the ECD training center was established alongside the primary school at Arnoldine to work with preschool teachers who returned to their villages to establish new preschools. The Project worked with government agencies and established local parent teacher associations (PTAs) to support each preschool. In both areas, the project spread through outreach training and word of mouth. Where communities displayed interest and commitment, the project took up the partnership to train teachers, establish preschools and heighten local knowledge and skills for supporting healthy child development.

The Federation (FKP) itself was created in 1991 by parents and teachers of all the preschools involved in the project. It joins the isolated communities. After training in project management, institutional development, decision-making, budget administration, and program supervision, elected FKP officials began sharing responsibilities with Kushanda Project staff. By 1993, the FKP took over management of the project and employed four full-time staff (formerly of the Kushanda Project).

The FKP General Meeting consists of 300 elected members. One teacher and one PTA member from each community preside on FKP policy and development. The body organizes its network of scattered communities into a voice of demand for national resources. It offers working members the opportunity to travel to meetings and enjoy the status of representation. By association and membership, the FKP has raised the status and support of the preschool teacher in the villages of Chinyika and on the farms of Marondera.

The FKP also received financial support to establish the Teacher and Community Training and Involvement in Control, Ownership and Management (TACTICOM). This outreach program builds upon Kushanda's training model. It starts with groups of five to ten villages and conducts training on-site with full participation of communities. Home visits, toy-making and nutrition garden planting with all community members involved in ECD begin when communities and FKP agree to partner. The teachers are not sent to the training center to learn their skills. Trainers go to the communities for the full training period and work with larger numbers of direct caregivers in each site. through the TACTICOM effort, sixty new centers have emerged since 1993.

The Credit with Education approach binds six organizational levels of activity together to build local institutions' capacity to serve female clientele. These include: (a) Credit Associations (CAs) of twenty-five to thirty women who form joint liability groups; (b) field staff of the local institution who work weekly with the CA's in nonformal education sessions and to collect and disburse each loan; (c) program coordinators from local institutions who supervise the field staff, manage the credit and health assessment system, and adapt curricula as needed to address local priorities; (d) the program manager or director of the local institution who supervises the coordinators and facilitates relationships with larger financial institutions; (e) the Technical Support Centers of FFH in Accra and Bamako as well as the Regional Training Center in Lomé that give start-up training to new NGO partners; (f) and donor agencies such as UNICEF and USAID who fund the project in a variety of countries. This system of internal and external support, like the MRC-AKF arrangement, networks experiences across communities and borders.

In each instance, institutional arrangements for partnership provide management and guidance for child development activities in Sub-Saharan African countries. Whether it is an arrangement that shares information, costs or responsibilities, these efforts take advantage of and build on interested energies for child development in the vicinity.

Inter-ministerial Coordination

Inter-ministerial Coordination for ECD is present among these efforts in a variety of forms and in some cases is absent altogether. The Namibians apply the principle of such coordination at the top. The Inter-ministerial Task Force (presented in Box 8) formulated the National ECD Policy and assigned roles for each of seven ministries, partner NGOs, private institutions and communities.

In Mauritius, a similarly broad inter-ministerial coordination has been enacted into law. The National Children's Council Act of 1990 established a Committee that consists of representatives from six ministries as well as the Prime Ministers' Office, and a set of justice and medical practitioners. Here too, the law assigns a distinctive set of shared responsibilities. A particularly innovative example is the collaboration between the Ministry of Finance, the Ministry of Industrial Relations, and the Ministry of Women's Rights, Child Development and Family Welfare in a pilot project of private-public partnership for day care.

Namibia and Mauritius legislate coordination from the top. In a similar commitment to coordination, the South African Interim Policy for ECD of April 1996 calls for the establishment of inter-departmental ECD committees of health, welfare, population and human resource development counterparts at national and provincial levels.

Box 8. Inter-ministerial Coordination in Namibia

MRLGH leads the ECD effort. It has responsibility for development and management of programs for children aged zero to five, and their families. An ECD Coordinator develops activities within MRLGH and coordinates among ECD service providers through liaison with the ECD Coordinator of the MBEC and the NGO ECD Coordinator. MRLGH develops guidelines for establishing and registering ECD programs and for the training curriculum for Community Activators and Community Liaison Officers. At regional level, MRLGH works with Regional Councils to establish and develop the capacity of Regional Early Childhood Committees and responds to communities' requests for technical and financial assistance. At community level, MRLGH conducts parent education programs, trains Parent Committees in the management of ECD programs and works with Parent Committees to obtain ECD program resources.

The MBEC serves children from age six onwards. At national level, the ECD Coordinator creates a mechanism for certifying non-governmental organizations/ institutes involved in early childhood training; develops ECD capacity within current Teacher Resource Centers (TRC) to provide training in response to community requests; and develops curriculum guidelines for a variety of ECD programs: parent education, home-based, center-based. The ECD Coordinator also develops training guidelines, materials and a training Plan of Action and creates an accreditation system for recognition of different levels of training/ competence within the ECD field. At regional level, ECD Officers at the TRC operationalize national curriculum guidelines based on regional needs; set up and maintain early childhood corners at the TRC and produce appropriate early childhood training and awareness materials in consultation with the Head Office. They train, monitor and supervise Early Childhood Workers on-site for quality control; conduct evaluations to monitor training progress and impact, and identify areas for improvement.

The Ministry of Health and Social Services (MOHSS) provides health services through the ECD programs. At national level, MOHSS develops guidelines for delivery of health components through ECD programs. At regional level, it works with ECD Officers to build appropriate health promotion activities into ECD curriculum and assist in training Early Childhood Workers (ECWs) in health monitoring. At local level, MOHSS periodically screens children in ECD programs and works with ECWs to ensure that all children are immunized.

Three other Ministries have less expansive roles. The Ministry of Finance takes the lead in creating a structure for the allocation of funds to ECD programs within the MRLGH and the MBEC. In addition, it provides guidance on creation of alternative funding strategies. The Ministry of Home Affairs advises on guidelines to ensure the safety, security and protection of young children. The Ministry of Environment and Tourism aims to ensure that young children are made aware of environmental issues and that the environment is a safe place for young children.

In Kenya, the primary responsibility for ECD programs lies within the Ministry of Education, but there is also collaboration with the Ministry of Health and the Ministry of Culture and Social Services. The collaboration for provision of ECD is based on communication between the ministries. In Angola, there is also communication between the MWTT and a variety of ministries to achieve coordination, but in contrast to Kenya, the ministries are beneficiaries as well as partners. The MWTT aims to institutionalize awareness of children's trauma issues, indicators of trauma and healing techniques within ministry programs and their employees. This ECD approach in a context of civil strife ensures that the partners learning and acting together for the healthy development of children include the ministries themselves. Finally, in the case of FKP in Zimbabwe, coordination occurs primarily at the local level and emerges from implementation issues. As the FKP effort aims to fill gaps in government scope of provision, these complementary roles are negotiated close to the sites, rather than at national policy level.

Thus, coordination can be negotiated at the top and legislated, or considered a provision and implementation matter left to the communication of local officials and partners. In both cases, combining the efforts of public institutions involved in different aspects of child development through inter-ministerial coordination appears as a common feature to meet the holistic needs of children. *Where lines of communication are the sole mode of coordination and there is no formalized policy, incentives and effectiveness of the collaborative experience appear to be uneven.*

Partnership with NGOs

Building from the notions of community participation, employee private enterprise efforts and inter-ministerial government partnerships, a final set of partners in these efforts must be noted. These are NGOs, both national and international, and Community-based Organizations (CBOs). In many Sub-Saharan African countries, these organizations are the primary implementors of preschools and supporters of training at the local level be it for ECD in particular or for broader community development aimed at benefiting children.

Credit with Education in Ghana, Mali and Burkina Faso depends upon such a partnership with local NGOs or local financial institutions to implement the combination of credit, health and child care messages for women's Credit Association development. As noted earlier for Mauritius, NGOs manage the pilot day care centers with training support from government, UNICEF and additional NGOs. In Kenya, communities with sponsorship support from local as well as international NGOs manage preschools. In Zimbabwe, the Kushanda Project began as a partnership between two local community development NGOs funded by an international NGO. It grew into a federation of preschools that partners with local government efforts and expands training and support activities into additional preschools and community Parent Teacher Associations. In Angola, CCF, an international NGO, partners with other local and international NGOs to meet the crucial survival needs of children in tandem with long term issues of healing which are addressed by the MWTT.

In each instance, partnership has brought additional legitimacy, resources and expertise to bear upon child development. No single organization, ministry or community could achieve as much with the resources available in isolation as it achieves in partnership.

Supportive National Policy

Some programmatic efforts in this study receive support from policy and ECD activities at the national level, while others do not and may actually position themselves to alter national policy. In Botswana, for example, the government health education plan echoes the Child-to-Child methodology since it recognizes children in primary schools as both mental and physical potential for transmitting basic health education. In Mauritius, the brief of the Ministry of Women's Rights, Child Development and Family Welfare includes the development of policies to create conditions for protection, care, comfort, socialization and education to secure children's development. Activities within this scope include:

- Pilot effort to help define costs and quality for day-care in the country
- Creation of a National Association for Day-care Services
- Consideration of longer maternity leave
- Feasibility analysis for a contributory maternity benefit scheme
- Consideration of a Trust Fund for Day-care Services to provide soft loans for institutional development.

Building upon this support, the EPZ Labor Welfare Fund and a variety of ministries play additional roles that enhance ECD efforts in the country.

While both the governments of Botswana and Mauritius support these activities, the latter takes the matter furthest by building a broad set of laws and programs to support child development. These commitments emerge from policy makers who believe that no single institution can lead child development efforts. Instead, "the promotion of the child's physical, intellectual, social and moral development calls for a concerted and coordinated policy with the commitments, cooperation and dedication of parents, grandparents, neighbors, schools, socio-cultural and religious bodies, service institutions in the public and private sectors and NGOs" (Bappoo 1994: p. 2). Support from all participants in the child's environment, and coordination between them at all levels, provides a framework of national policy for child development.

In Zimbabwe, however, the FKP has grown in an environment of encouraging, but unrealistic policy. After independence, the Government of Zimbabwe promoted early childhood education and care as a fulfillment of children's rights and a contribution to better performance in formal education. An ECD resource center established at St. Mary's in 1975 converted into a national training center to which the government linked the establishment of a network of district trainers who are charged with developing training at local level. However, the training effort scaled down over time and legislation that serves as a basis for these and additional actions has not been updated since Zimbabwe gained independence in 1980. The Old Rhodesian Nursery Education Act promulgates standards of: a pupil-staff ratio of 1:20, presence of a primary school to supervise; required approved curriculum; maintenance of a PTA; approved shelter, water, toilets, fenced yard, and outdoor playground equipment. According to the FKP, these criteria leave most rural preschools and all of the FKP preschool centers out from the possibility of registration and support and so have little relevance for a great many of the nation's communities. To address this, the FKP membership and its staff express the need to mobilize their 7,000-9,000 parent members and additional NGOs and preschools to influence the government policies. FKP believes that "only the parents can implement community-based programs and hold the government responsible for its part" (Booker 1994: p. 78). Here, government policy does not support the ECD efforts of these communities and the latter are being organized to structure something more realistic.

Like the FKP, the MRCs have come up against standards unattainable in disadvantaged communities. In interaction with three different national ECD systems and policies, they must address the question of teachers' and trainers' certification and the accreditation of training sites. Only in Kenya is the MRC working with an already established system of certification and accreditation. In Zanzibar and Uganda, the MRCs are a resource to help develop national standards. The strategy the MRCs are pursuing is to assess the quality of teaching in a group of teachers in which there is variety in educational background. The MRCs are working with government partners to consider the possibility of establishing formal recognition of a lower minimum educational background when this is coupled with the person's having participated in high-quality ECD training. In both cases, MRC involvement in policy dialogue and formulation of standards may help ease difficulties experienced when state registration and regulation standards are set above a threshold that community-based ECD efforts can reasonably be expected to achieve.

National policy can embrace ECD in concert with other policies across a wide range of issue areas. However, this can lack realism if it is not approached systematically. A more holistic view of the child can exert pressure to go beyond existing national ECD standards on training and pupil-to-teacher ratios. It can also raise broader legal and financial questions regarding responsibility for, as well as ownership and management of, ECD programs. The process of policy formulation entails inter-ministerial coordination, organizational partnership and community participation.

The *policy formulation process* might have the following steps:

i. Situation analysis of children and families in a nation
ii. Formulation of a national strategy and plan of action to address needs apparent after such an assessment
iii. Formulation of an investment program to finance the plan of action
iv. Mobilization of the resources required to realize the plan of action
v. Formulation of the implementation plan to set the effort in motion.

Steps one through three above are illustrated in recent documents published by the MWRCDFW in Mauritius (Box 9) from an effort that is well under way.

Box 9. Creating a Supportive National Policy in Mauritius

Step 1:	Survey on the Mauritian Family. Situation Analysis of Women and Children in Mauritius. A Statistical Profile on Women in the Republic of Mauritius.
Step 2:	National Plan of Action for the Survival, Development and Protection of Children. Child Protection Act 1994.
Step 3:	Master Plan for Education.

Scale, Costs, Financing and Sustainability

Piloting and Going to Scale

Several of the programs under study began or are beginning from small pilot experiences. In Kenya, the National Preschool Program emerged from over a decade of experimentation in supporting community-based ECD. The FKP was built upon nearly a decade of work in supporting commercial farm communities and resettlement communities to establish local preschools. In these cases the intent from the outset was to establish a replicable model, respectively, for the whole of Kenya and for rural Zimbabwe. Thus the pilot efforts were tested and refined over time prior to increasing the scale of coverage.

In Mauritius, the government-EPZLWF partnership is piloting a private-public partnership to meet the child care needs of working parents. By learning how such a day care scheme might be cost-effective, the pilot serves to refine a model of day care collaboration. Its results may also convince policy makers and private sector funders that ECD programming is a worthwhile joint investment. It is hoped that positive results will catalyze further investment in the partnership and expand financing to additional populations and industries.

In Kenya and Zimbabwe as well as in the experience of the Madrasa Preschools the utility of the pilot goes beyond fiscal or managerial conservatism. Especially in community-based efforts, success in one community often ignites the process of expansion and greater community commitment. Beginning small has been essential to the success of the FKP and Madrasa Preschools whose approach and sustainability is contingent upon long term community participation in ECD provision and the creation of community ECD endowment funds.

There is an important difference between these two ECD efforts in how they expand the scale of coverage. In Kenya, the pilot for the national program underwent *vertical dissemination*. The lessons of the first years of experience were brought to national level and the model was altered to take these into account. The revised version was then taken back out through the system, through model replication in various districts of the country. This process brought experience up to the center and disseminated it vertically into new areas. By contrast, in Zimbabwe efforts expanded through *horizontal diffusion*. Neighbor communities saw the community preschool effort supported by the Kushanda Project and expressed interest in participation. Model alterations were taken into each new community and participating communities were bound together in the formulation of networks: clusters to support teachers as professionals and a new institution (the FKP) dedicated to mobilizing parents and teachers to broaden ECD action.

The lesson from these experiences is that piloting builds expertise, refines models, and enhances awareness of and support for ECD efforts at local and national levels. Taking the experience to scale can be done through vertical dissemination or horizontal diffusion. Achieving scale is accomplished through institutional structure (national flagship or sub-national project) and articulation of objectives (creation of models for national or rural preschools). In other circumstances, well-documented pilots or community-based ECD innovations might come into the policy dialogue and be considered candidates for vertical dissemination nationally.

Economic Costs

Data on costs, whether capital or operational, are meager in the documentation from ECD efforts in Sub-Saharan Africa. It is apparent from the information available that costs associated with ECD policy and programs vary widely according to the type of effort. Capital costs such as those covering instructional materials and physical plant are often covered through complex combinations of in-kind provision, fees, government and donor contributions. With few exceptions, data on their value are lacking across the region.

Capital Costs

In the national community-based preschool efforts of Kenya (Myers 1992) and Zimbabwe (Irvine 1994) nearly all materials are made or collected, rather than purchased. Educational materials can be developed at little or no cost by using natural and waste products from areas surrounding the preschools to make grass people and animals, mealie stalk beads, counting sticks, inner-tube skipping ropes, straw and grass mobiles (Irvine, 1994). In Mauritius, materials and equipment are provided in at least one of the five pilot centers through a grant from UNICEF. While this effectively meets costs if the NGO-UNICEF partnership is long term and/or the NGO can locate additional donors, the sustainability of this arrangement raises issues of both single-center expansion or replacement and multi-site replication in the absence of such grants.

Data on costs of the physical plant are more difficult to extract from existing sources. Myers' 1992 analysis of two different preschools in the Kilifi District of Kenya provides insight into the annual cost of a community preschool building (approximately US$ 105) borne by the Paziani community, and the non-existent cost of the Madrasa in Malindi which uses an existing structure that is unoccupied during morning hours. Additional cost analysis of the Madrasa Preschools is under way, and a cost study of the Mauritian pilot project in day care is part of research undertaken under the aegis of the World Bank Africa Regional ECD Initiative.

Recurrent costs

Among programs of direct ECD service delivery, the key recurrent costs include salaries, monitoring and supervision, and national coordination. Salaries of ECD workers (preschool teachers, ECD trainers, parent educators) comprise the largest percentage of operating costs. In several instances, communities are mobilized to cover the salaries of preschool teachers or other ECD workers. Teachers in the Kushanda Preschools earn on average between US$ 22 and US$ 68 a month and it is the community that meets these costs in full. In the Madrasa program, communities also pay the entire salary and set this within a range of 100-450 Kenya shillings (Ksh) per term (Said and Maherali 1993). Myers (1992) notes that the willingness of these teachers to work for low wages which is influenced by the higher status accorded to women once they become teachers, keeps recurrent costs much lower than in the other Kenyan community he assessed. Some perspective is offered on these salary levels by the following data on average monthly salaries across the country:

- Salaries range between 90-700 Ksh in rural areas;
- The range is 800-2,500 Ksh for employees of local authorities (who have permanent appointments, pensions providing job and retirement security)
- Middle and upper classes in urban areas earn over 5,000 Ksh (Kipkorir, 1993).

Whereas some Kenyan communities pay salaries of preschool teachers in full, other communities contribute only in part. This makes comparative assessments of community contributions difficult since salary levels may harbor differing levels of actual community contribution. Regarding comparative assessment of salaries themselves, the assortment of data reviewed above illustrates how difficult it is to use available data to make realistic comparisons since costs are given for different amounts of time (terms, months), different types of employees (employed by community or employed by government) and in different countries, currencies and under different circumstances (presence of monetary and non-monetary incentives).

As salaries are often the largest single cost in a human development program, community interest and cost-sharing formulae can have a significant impact on access to and sustainability of ECD services. Where parents demand ECD services and value them to the extent of providing salaries, any other direct inputs from government or other agencies can focus instead on building skills and covering costs of materials and infrastructure. This is the case in Zimbabwe, the national program in Kenya, and the Madrasa Preschools.

Costs can also obviously have negative impacts, particularly for communities that are economically disadvantaged. The result may inadvertently fuel educational inequality. First, the cost of the salary of a preschool teacher may be too high and may completely dissuade communities from participating in the mobilization for and establishment of preschools. In such a case, as has happened in Kenya, the poorest communities do not benefit from the program. Second, if participating communities cannot afford to pay the teacher salary for a month or longer, the teacher is at the mercy of his/her neighbors for survival. This has happened during drought periods in Zimbabwe. Further, in countries where there are teachers paid by government as well as teachers paid by communities, discontent can arise between the groups because similar workloads are compensated on very different levels.

Training and supervision comprise another set of recurrent costs in the provision of ECD services. Annual costs might cover trainers (and training centers) to work with new trainees as well as to give follow-up support to past cohorts. In the following cases of Zimbabwe and Kenya, costs also include community and parent mobilization efforts. In Zimbabwe, Irvine (1994) notes that the training and support efforts of TACTICOM cost Z$6,000 for the initial training year and Z$2,200 annually for the maintenance of one preschool effort.

In Kenya, AKF estimates that the operational budget of the MRC in Mombassa was US$ 30,000-$50,000 per year prior to program changes made in 1995. This supported the costs of the annual (and sometimes biannual) training of teachers and their supervision; sessions to raise awareness among community and religious leaders to organize new centers; and sessions among parents, school heads and teachers to increase public information and awareness. As noted previously, further cost analysis of these efforts is under preparation by the AKF. The current phase of the project aims to strengthen the capacity of the MRCs so they have technical expertise, management capability and the ability to mobilize resources. Also for Kenya, Myers (1992) estimates that for the national preschool program operating in Kilifi District the annual support to preschool operations in 1990-91 was US$ 16 per child.

In CCF's program in Angola, the first year training and support activities conducted by MWTT for ECD workers cost US$ 146,000. The activities reached 574 trainees and approximately 14,950 children. Thus, the MWTT program cost approximately US$ 255 per trainee or US$ 9.77 per child.

A final set of recurrent costs to ECD efforts is at the national level. Policy and program coordination efforts in Namibia have resulted in reassigning a variety of workers with existing contracts to ECD efforts. Thus, no additional operating costs were incurred. There will be new costs, at values to be determined, for a national coordinator from each of the two lead ministries and an NGO coordinator. This policy effort has placed substantial demands upon communities to cover operational and capital costs, and its outcome will be an important lesson for many Sub-Saharan African countries.

Myers (1992) provides a comparative analysis of capital and recurrent costs of individual preschools. He considered all costs for a single Madrasa preschool and a single community preschool in Kilifi District that is part of the national preschool program. He calculated the cost per child in the Madrasa in Malindi at approximately US$ 35, compared with US$ 48 for the other community preschool. He noted, however, that the composition of program components and costs was different in each case. The Madrasa uses an existing building and volunteer labor, but has a feeding component, while the other community established the preschool itself and the school has no nutritional supplement in its program. Nevertheless, these figures present an estimate of the cost of providing appropriate ECD services for such communities.

Much more data is required across the board in order to assess capital and recurrent costs of ECD efforts in Sub-Saharan Africa. Under the Namibian National ECD Policy, a data collection system was set up which may be useful for other countries to consider. Data will be collected on:

- Provision of services (ECD program costs)
- Infrastructure costs at the regional level
- Infrastructure costs at the national level.

For local ECD program costs, the system will cost by type of program (center-based, home-based, home visiting, parent education) as well as by type of supporting agency (government, church, NGO, private providers). In addition, data will be collected by region as there are significant cross-regional differences. By extrapolating from the per child/parent costs in the various settings, the costs of providing ECD services to all children in the zero to six age range will then be calculated. The Government of Namibia can then review needs and allocate resources to specific ECD program targets.

Financing

ECD programs in this study exhibit a wide variety of financing schemes. In Namibia, Kenya, Zimbabwe, and the Madrasa Preschools, the community is responsible for partially funding ECD programs through parent fees, sponsor contributions, and in-kind contributions. In Zimbabwe, parents are assessed fees between US$1-3 per child per month to cover teacher salaries. Myers (1992) documented the complex scheme of fees and in-kind contributions for the preschool in Kilifi District where parents provide the following in-kind and non-monetary contributions (in order of frequency mentioned):

> *In-kind contributions*:
> food, materials and playthings, supplies
>
> *Non-monetary contributions*:
> fetching water or firewood, attending parents meetings,
> making materials, helping with food preparation, clearing or cleaning
> the compound, creating awareness, repairing furniture, raising funds.

It is striking that community labor (digging, brick-making, building) is not included since without this during the construction of preschools there would be no program site. It is further significant that in the community in Kilifi, Myers (1992) documented how the financing scheme changed over time, changing from 80 percent community-reliant to 80 percent reliant upon local government. This coincided with the preschool teacher's completion of the DICECE training course which put her at a higher level of compensation (2,100 Ksh per month) than her previous salary (300 Ksh) that had been paid from fees collected from the community. Unfortunately, the impact of higher, government-paid salary for this trained teacher meant that after the transfer to 80 percent government financing, parent fees actually increased from 10 to 25 Ksh per month. As a result, preschool enrollment declined. The question for further study is: Did the training translate into higher quality in the ECD provided, commensurate with the wage increase?

As noted, the establishment of preschools in the FKP and the Madrasa programs is contingent upon community contributions. While this is a path to sustainability, it can inadvertently reinforce existing inequity where communities are too poor to meet the financial and other resource requirements of the partnership agreement. In Namibia, however, there are additional supports that can be tapped if the local support is not sufficient. These include the Activating Fund and a Children's Trust Fund (described in Box 10) that bolster communities' ECD efforts. The National ECD Policy in Namibia expects that the community should be responsible for funding ECD programs to the extent possible. The funds described in Box 10 provide supports only to overcome the absolute inability of a community to participate on financial grounds. These funds may also help achieve sustainability of the ECD effort by providing necessary community support in working towards that goal. A similar support to long term financial stability, in the form of community endowments, is also under experimentation in the Madrasa project, as earlier noted in Box 2.

Box 10. Namibian Activating Fund and Children's Trust Fund for ECD

The Namibian National ECD Policy holds that the community is responsible for funding the ECD program at local level to the extent the community is able through parent fees, contributions from local CBOs or NGOs, in-kind contributions, or support from local business. If absolutely necessary to keep the program in operation, the MRLGH can support it with the supply of basic equipment (blankets, mats, utensils for the children, chairs) from an Activating Fund. The amount of the contribution depends upon the program's needs and the severity of the community's financial constraints.

It is planned that at national level a Children's Trust Fund will be established, to which the government will contribute through a special ECD support tax. While there is strong government support for the development and implementation of ECD, the National ECD Policy declares that both philosophically and practically, the full responsibility for funding these efforts cannot fall on the government. The National Children's Trust Fund encourages multi-sector involvement in financing ECD. A Board of Trustees including members of government, a lawyer and an accountant appointed by the National ECD Committee manages and monitors the Trust Fund's criteria of disbursement and funding mechanisms. Contributions to the Trust Fund can be made by government, national foundations/businesses, international donors and individuals. The Ministry of Finance is also to consider an alternative means of funding ECD through a new quasi-governmental body which has the mandate to implement programs for young children and their families. Funds to support this might be generated through a national tax on businesses and individuals.

Role of the State

The total amount of funding that a government can mobilize for the care and development of children depends on the size of its budget and on the way allocations are made within and between sectors. The portion allocated to ECD is especially difficult to ascertain as ministries other than education — such as health, social services, agriculture, and local government — are jointly involved in government provisions for ECD. Even where the relevant expenditures are confined to the Ministry of Education, many countries do not have a separate early childhood unit and therefore line item for ECD in their budgets. Table 8 depicts the percentage of government budgets allocated to education as well as percentages of the latter allocated to ECD and primary education, respectively.

Public outlays for education in most of the Sub-Saharan countries reported in the 1994 UNESCO *Statistical Year Book* account for about 10 to 20 percent of total government expenditures. Five countries including Ghana, Mauritania, Rwanda, Swaziland, and Togo, reported spending more than 20 percent of their total public budget on education. However, the portion of the educational budget earmarked for ECD is minute. Out of the twenty-five countries that report this data nineteen have ECD budgets so small that the magnitude is basically nil. Another three countries (Angola, the Central African Republic, and Seychelles) combine ECD and primary expenditures, making the real expenditure for pre-primary level difficult to identify. For those countries that do keep a clear record of public expenditures on ECD programs, that proportion is extremely low when compared to the total education budget. In Ethiopia, 0.02 percent of the government education expenditure goes to pre-primary education, compared to 0.03 percent in Swaziland, 0.14 percent in Mauritius, and 3.6 percent in Chad. It must be noted, however, that the level of government financing for ECD revealed here is likely to be underestimated, as many governments also invest in early childhood through other channels such as health, nutrition, and social welfare programs.

Table 8. Public Expenditure on Preprimary and Primary Education

Country	*Education as % of Total Government Expenditure*	*ECD Expenditure as % of total Ed. Expenditure*	*Primary as % of total Ed. Expenditure*
Angola	10.7	*	96
Botswana	21	◆	31
Burkina Faso	17.5	◆	42
Burundi	16.7	◆	45
Central African Rep.	N/A	*	53
Chad	8	3.6	44
Comoros	25	◆	40
Djibouti	10.5	◆	53
Ethiopia	9.4	.02	61
Gabon	N/A	◆	44
Gambia, The	11	◆	65
Ghana	24.3	◆	29
Lesotho	13.8	◆	42
Madagascar	17	◆	55
Malawi	10.3	◆	48
Mauritania	22	◆	30
Mauritius	11.8	.14	38
Mozambique	12	◆	50
Niger	18	◆	49
Rwanda	25.4	◆	68
Seychelles	11.9	*	29
Swaziland	22.5	.03	33
Togo	24.7	◆	36
Tanzania	11.4	◆	53
Zimbabwe	13.8	◆	63

Note: ◆ less than 0.005%; * pre-primary expenditure included in primary level

Sources: UNESCO *Statistical Year Book 1994*, UNICEF 1995, *African Development Indicators 1994-95*, World Bank.

Partnership for ECD Financing

The "out-of-pocket" cost of supporting ECD programs is often extremely low for many governments mainly because of partnership arrangements. A variety of ECD efforts are funded by foundations, international and national NGOs, religious groups and bilateral and multilateral aid agencies. Particularly in rural areas, national governments encourage and support the initiatives and innovations of NGOs and other voluntary organizations which provide community services. With the exception of the MWTT, the Nigerian Development Communication Pilot and the Kenyan National Preschool Program efforts, information on exact amounts of funding or flows over time were not available in the documentation. Programs for which at least partial information was available are listed in the matrix of Table 9 which reveals the extensive nature of partnerships between government and international organizations.

Table 9. Financing Partnerships in ECD Program and Policy Efforts

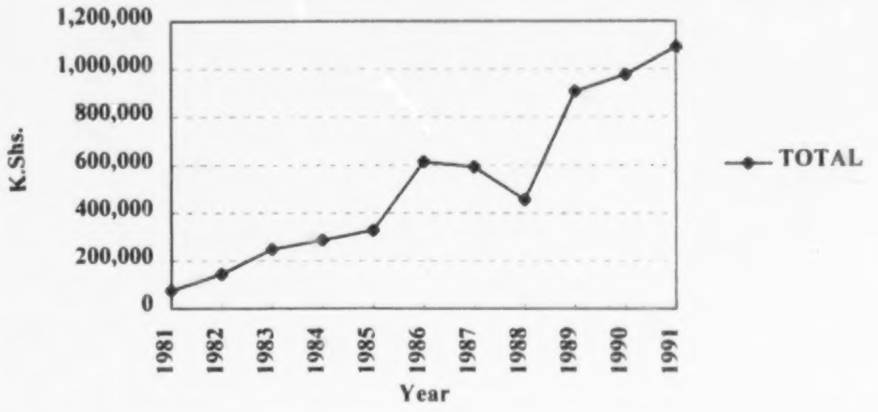
Program/ Donors	*Governme nt*	*UNICE F*	*BvLF*	*AKF*	*World Bank*	*Bilateral aid*
MWTT		X	X			X
Little Teachers		X				X
Credit with Education		X				X
Kenya Preschool Program	X	X	X	X	X	
Madrasa Preschools				X		
EPZ day-care	X	X				
Nigerian Dev't Communication	X				X	
Kushanda Preschools			X			

A variety of these international donors and support organizations, including UNICEF and BvLF on the greatest scale, have promoted child development programs and policies by supporting training, community mobilization, research, advocacy and policy development. Indeed, their initial investments in many cases enabled vertical dissemination from pilot projects into national programs (Kenya) and horizontal diffusion that ultimately resulted in national movements (Zimbabwe, South Africa).

The extent of the financial partnership in Kenya is shown below for the National Preschool Program. Total investments in ECD in Kenya increased steadily by thirteen-fold during 1981 to 1991 (Figure 1). The portions of that investment funded by the

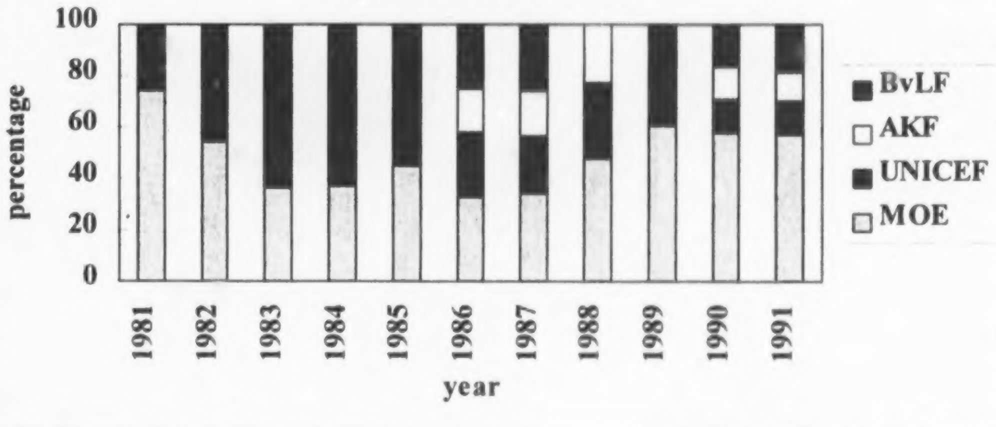
Ministry of Education, UNICEF, AKF and BvLF between 1981 to 1992 are shown in Figure 2.

Figure 1: Total Investments in ECD in Kenya 1981 to 1991



Source: A case study of early childhood care and education in Kenya, Kipkorir and Njenga, 1993

Figure 2: Funding Sources for ECD in Kenya between 1981 and 1991



Source: A case study of early childhood care and education in Kenya, Kipkorir and Njenga, 1993.

While total investment in preschool increased more than thirteen-fold over the decade, the greatest portion of this increase came from the contributions of UNICEF, AKF, and BvLF. Though the government's increase in expenditure was steady and substantial, it rose by a comparatively lower rate (ten-fold) over the decade as a result of the leveraging with external donors. Myers (1992) notes that in 1990-91, the government contribution to ECD per child was US$ 0.61, or one-tenth of one percent of the national budget for education. International contributions were US$ 0.46 per child, with the bulk of the international support going to ECD teacher training and training of trainers. By 1992, approximately 43 percent of the funding came from international donors

The EPZLWF described in Box 11 presents a variation on the community-public or external funding paradigm.

Box 11. Public-Private Partnership for Day Care Financing in Mauritius

Full employment in Mauritius has raised the need for day-care facilities for young children as mothers engaged in paid employment are on the increase. Since 1983, the percentage of women working full-time has increased from 20 percent to approximately 50 percent. Two-thirds of the Export Processing Zone's (EPZ) approximately 83,000 employees are female. A recent government survey found that as institutional supports were not available to help these women and children cope, their nutritional status and development were suffering.

In order to provide day care for children from the ages of three months to three years, the Ministry of Women's Rights, Child development and Family Welfare initiated five day-care centers sponsored by the EPZ Labour Welfare Fund, the Sugar Industry Labour Welfare Fund and the Ministry. The EPZ Labour Welfare Fund Act of 1988 established a corporate body with the objective "to do all things as appear requisite and advantageous for or in connection with the advancement and promotion of welfare of the workers and their children" (p. 49). Workers, employers and government contribute to the Fund. On a monthly basis, employees contribute one rupee and employers contribute 3 rupees per employee. Annually, the government contributes 2 million rupees. At industrial worksites in the EPZ, these contributions, together with parent fees (250 rupees a month for EPZ workers' children; 400 rupees for non-EPZ workers) support five centers that offer health and nutrition support as well as full day child care.

The view that emerges from studying the costs and financing of ECD programs in the region is that they are partnership ventures both by default and by design Combinations of community input and foreign donations are the most common financing scheme in Sub-Saharan Africa. While the Mauritian model offers a new public-private perspective, many communities, governments and international organizations work to hone their financial partnership for broad-based ECD provision.

Sustainability

The extensive funding of ECD efforts in Sub-Saharan Africa from outside sources is a key issue for sustainability. While the generous support of the donors enabled the Kenya program to go to scale in 1980, the longer term financial sustainability remains a major challenge. The experience is about to repeat itself in Botswana, where UNICEF funded one training workshop and Norwegian aid supported four others. This support left project organizers to hope that the success of the workshops would "inspire more international donor agencies to support the Child-to-Child programme" (Hawes 1988: p. 53). How do efforts ensure as best as possible that if outside funding subsides, the pursuit and impact of a program objective, be it improved skills, enhanced research, or mobilized policy cooperation will remain in motion?

In the Credit with Education experience (Box 12), health and child care components combine with credit and program management in a local institution. By enhancing institutional capacity, the program becomes sustainable in three to six years if there is no turnover among senior program managers. During this period, FFH integrates the Credit with Education services and systems into those of the partner institution. In building local skills for sustainability, FFH gives particular attention to revenue and expense planning in the belief that the accuracy of these skills in application to balance costs and revenues determines the sustainability of an institution.

Box 12. Building Local Institutions to Support Women's / Children's Development

Credit with Education combines small loans with nonformal maternal and child care education to address hunger's economic and informational causes. FFH aims to enhance women's Credit Associations' skills and leadership abilities by building local level capacity of local NGOs and financial institutions (rural banks) to provide the self-managed associations with credit and education services. This support builds the local institution's female clientele and establishes a self-sustaining system of credit with education as the field agents of the local institutions deliver both services. Weekly one-hour meetings engage women in the curriculum built around three topics: health and nutrition, Credit Association management, and microenterprise development. The bulk of these sessions is spent on health and nutrition topics. Children's social and cognitive development are covered in the context of health and nutrition, as women discuss their daily experience and their children's behavior. The women are thus trained to manage their own businesses, analyze each other's loan proposals, and improve health and child development behaviors through collective problem-solving. In Ghana, Mali and Burkina Faso, FFH and local partners incorporate nonformal health and microenterprise education directly into the delivery system of a poverty lending program.

In the Kushanda Project, sustainability also emerges from institution building. The effort set out in 1985 to create a sustainable preschool model for rural Zimbabwe. In partnership with communities, the project created village-level institutions supported by PTAs and outreach trainers. In addition, it helped establish the FKP, a nascent movement in two districts of the country which eventually brought together concerned parents and citizens in support of child development programs and policies. Within the FKP effort, some aspects such as the local centers are sustainable over the long term. Others, such as continued outreach and training, depend upon prospects to receive external funding.

The sustainability of an ECD effort can be financial, institutional and/or behavioral. From the beginning of their efforts in a country, Credit with Education aims at financial sustainability. Kushanda supports institutional sustainability in each community partnership. Both efforts try to achieve sustained behavioral changes. Their attention from the outset to long term impact offers an important lesson for other ECD efforts.

4. CONSIDERATIONS AND ACTIONS IN DESIGNING ECD POLICY AND PROVISION EFFORTS

The eleven cases referred to in this study provide a wide variety of systems and experiences upon which to build new efforts in ECD in Sub-Saharan Africa. Knowledge of the individual experiences coupled with an analysis of their enabling conditions yields two types of lessons for policy and program provision. The first are lessons related to the design of specific ECD programs. The experiences signal dynamics to watch for, resource possibilities to assess and pitfalls to avoid. From several of these flow the second type of lesson: suggested action to support more effective planning and implementation processes.

ECD Delivery Models and Implementation Issues

Local culture can inform the development of curriculum, learning materials, learning-teaching processes and program structure. It can serve as a curricular resource for appropriate materials, as a resource for creating accessible and culturally relevant messages, and as a basis for combining familiar habits with new technical knowledge. Engaging local people and reflecting local traditions puts the most basic elements of children's socialization to work for ECD. Community participation in training can facilitate the synthesis of local and technical knowledge. According due status to indigenous knowledge reinforces identity and confidence while it enhances learning by constructing a meaningful bridge between old and new information. Use of local care givers reduces social distance and improves communication between care giver and the children and parents.

In meeting children's needs, the **convergence of health, nutrition and education** services can be achieved through personnel skills, organizational partnership and building community capacity.

Community participation can be elicited in varying degrees: beneficiaries' general acceptance of the idea for ECD; agreement to take on partnership roles for implementation; and collective, collaborative design of the ECD activity. To participate, communities must have access to information about the program as well as leadership skills to take on the effort. Consequently, planning at community level must allow for information dissemination and provision and training of human resources. Community-based approaches to the provision of ECD — while they offer strengths in terms of relevance, sustainability and possible cost savings — are likely to require inputs at the local level to train for effective **decentralized management**.

Organizing at grassroots level to build coalitions and constituencies around ECD efforts has a double impact upon the democratic development underway in Sub-

Saharan Africa. It brings ECD onto politicians' agendas and builds local experience and voice in democratic participation.

Undertaking a program on the basis of **self-targeting** may enhance chances of sustainability by requiring community commitment, but care must be taken to identify and create mechanisms to ensure inclusion of the most disadvantaged communities. Experience suggests that targeting according to the criterion of lack of access provides little useful definition in the absence of nationwide implementation resources. It is also instructive to consider that none of the programs reviewed in this study target parents and children *together*. Programs such as those in Kenya and Zimbabwe include parent education, but undertake it separately from preschool activities. *While social policy in Africa rarely undertakes family support, this assumption may require reconsideration in societies undergoing rapid urbanization, civil strife, or other transitions that weaken traditionally strong family supports.*

Program Quality

Employing **local ECD workers** can enhance connections and collaboration between community, preschool and ECD institution. In addition, community participation and mobilization agendas can enhance the preschool teacher's or health outreach worker's role outside the classroom/center provided that the resulting workload is realistic. When their educational levels are low, ECD workers may require training that is pitched at various levels of complexity as well as more intensive ongoing support.

Experience in **ECD worker training** demonstrates that close proximity of the course to the actual site of preschool work instills realistic expectations and boosts active learning and confidence among the trainees. ECD worker training should aim to impart practical skills which allow each trained teacher to exploit his/her environment for children's learning. Setting up training centers that are better equipped and have more abundant human resources than can ever be available in a teacher's own community can undermine him/her from the start.

Depending upon the approach and objectives of the ECD effort, evaluative evidence taken from different levels of action will provide **measures of program quality and effectiveness**. From the level of the child to the level of the nation, one can assess: school readiness (participation, persistence and performance) in children, enhanced skills in ECD workers, supportive behavior change in communities and legislation followed by implementation in national policy. If there were greater clarity in objectives during a specific program phase, this would support more specific and systematic collection of data than has generally been the case to date.

Institutional Cooperation for ECD

Institutions collaborating for ECD can share information, costs or responsibilities through different **arrangements**. This can be achieved across public and private sectors, across national borders or across district lines within a nation to take advantage of all interested energies in the vicinity for child development.

Inter-ministerial coordination can be negotiated at the top and legislated if there is the necessary political will, or it can be determined by local officials responsible for implementation. In both cases the coordination combines the efforts of public institutions involved in different aspects of child development. Greater coordination between ministries can in itself be considered substantial progress in some countries and a victory for more efficient public spending.

Partnership with and between non-governmental organizations brings additional private resources — material and financial — and expertise to bear upon child development. The experience in Sub-Saharan Africa suggests that no single organization, ministry or community could achieve as much in isolation as it achieves in partnership.

Supportive national policy which is crafted on a holistic view of the child can encourage action during the formulation of policy in several sectors that will surpass existing practice in defining ECD standards on training and pupil-to-teacher ratios in the education sector, and the integration of efforts in education, health, and nutrition. If this larger perspective is formally in place, it can help bring realism and greater efficiency to the work of promoting inter-ministerial coordination, organizational partnerships and community participation. It is also necessary to confront the issue that many governments subscribe to the importance of ECD but do not have the means to invest in it.

Scale, Costs, Financing and Sustainability

Piloting builds expertise and refines models. Experience from the longest-running Sub-Saharan African experiences suggests that piloting activities also enhances awareness of and support for ECD efforts at both the local and national levels. Such support at local level boosts the effectiveness of horizontal diffusion, going to **scale**, while at the national level it creates demand for vertical dissemination for the same purpose. Both are means to increase the overall coverage of ECD.

The **costs** of ECD efforts in Sub-Saharan Africa are borne by community, government and foreign donors in different combinations. Little cost data is available from the region and complex formulae of cost sharing make comparisons across countries and even across communities difficult. Namibia's financial data collection system, covering costs of provision of community-based services as well as infrastructure costs at the regional and national levels, might be adapted to collect similar information across countries.

Substantial donor **financing** features among the ECD efforts reviewed, with much of it directed at training ECD trainers and ECD teachers or outreach workers. On the whole, this support is not directed at: helping families to meet the household costs of ECD services or providing nutritional supports. These aspects of ECD programmatic support may represent areas to consider for future investment partnerships in Africa.

External funding bolsters many ECD efforts in Sub-Saharan Africa, but the resulting question of **sustainability** linked to the degree of program and policy dependence on the external support requires early attention. Experiences suggest that aiming for financial, institutional and/or behavioral sustainability from the outset of a program emphasizes its importance throughout implementation, serving to focus resource mobilization and utilization to achieve this goal. A great challenge is the creation or enhancement of government commitment to and involvement in ECD efforts. Mobilizing government commitment to ECD by giving greater voice to parental demands, program collaboration, external matching funds, or ministry staff training can increase the potential for sustained provision.

5. FUTURE CHALLENGES FOR ECD POLICY AND PROGRAM PROVISION IN SUB-SAHARAN AFRICA

The eleven case studies may not be representative of the entire experience in Sub-Saharan Africa, but they do suggest a number of directions and challenges for future ECD policy and program provision in the region. These include: data collection and utilization for research on key issues, expansion of access to ECD services, and greater coordination of policy, research and program efforts to encourage synergy among health, nutrition and early education inputs and to facilitate cost-effectiveness.

Enhancing Information for Planning and Evaluation

A database of comparable and systematically gathered ECD data is needed to improve policy and program efforts in Sub-Saharan Africa. Existing information comes from scattered national or sub-national efforts and much is of little use for assessing and prioritizing needs. The efforts of UNESCO to survey ECD provision also provide incomplete pictures as they omit key factors such as family background or the income level of participating children and the range of program types from which data is collected. Lack of accurate information makes it difficult to identify and target the most needy children. Such data would also facilitate both impact evaluation at the assessment levels suggested previously and support targeting and cost-effectiveness studies.

If relevant topics for planning and monitoring of ECD could be incorporated more substantially into existing data banks in Sub-Saharan Africa, this would go far toward solving many of the information requirements for ECD. The World Bank's Living Standard Measurement Study and the Live Data Bank household and community surveys used in monitoring poverty would be two examples. Data collection and analysis can consume tremendous resources in time and funding and should not become ends in themselves. But within realistic bounds, more systematic, problem-focused analysis of a fuller set of data would greatly assist further debate and research on issues such as:

i. Direct impact of ECD provision on children's health, nutrition and/or early education outcomes
ii. Impact of ECD workers' educational levels on quality of ECD provision
iii. Cost-effectiveness of teacher/ECD worker follow-up support at different levels of intensity in a training and support system
iv. Cost-effectiveness of ECD provision in meeting health, nutrition and/or early education objectives, especially regarding national preschool education investments

v. Process and support mechanisms for integrated ECD policy
vi. Relationship between early socialization, the formulation of identity and values, and later life productivity
vii. Relationship between early socialization and the predisposition to violence and other socially deviant behaviors.

The last two areas of inquiry are of particular importance. The impact of early reinforcement of social values upon productivity represents a terrain unstudied in Sub-Saharan African ECD interventions. A central question is whether the findings of high social savings from ECD investments in more industrialized countries will replicate in the developing country contexts of Sub-Saharan Africa. The issue of possible benefit of ECD programming to social cohesion is particularly important to a region where child soldiers are active in many countries and youth commit violent crime in large cities. Indeed, the ultimate prevention of conflicts which set back human and national development is probably not merely preventive diplomacy, but in fact even earlier socialization as embodied in ECD programming.

Increasing Access to ECD Services

The second major area of ECD challenge is the mobilization of resources at every level to achieve greater coverage. Due to financial, material, and human resource constraints, current ECD programs in Sub-Saharan Africa serve on average only 5.5 percent of children below the age of six. To date, the translation of our expanding understanding of child development into effective early childhood development policy and practice has been limited to the needs and circumstances of a minority of children in Sub-Saharan Africa: those who are relatively well-off, easy to reach, and can afford fees. The majority of the children in the region live in extreme poverty and amid high levels of violence or other threats to their development. They do not yet have access to ECD services. Mobilizing the resources to reach these children with quality ECD programming is crucial to build up civil society and foster economic development.

This will require the exploration of new models for targeting, including the poorest children as noted above, as well as the poorest communities whose inability to participate in even the simplest provision partnerships preclude their children's access to ECD. In addition, attention must be given to the mobilization of the less developed countries in the region to consider ECD among the most important investments in national development. The eleven efforts considered in this study are in countries that enjoy a relatively higher level of income and economic productivity than many other countries in the region. ECD awareness-raising must break through the stereotype of ECD as a luxury service to establish ECD as a priority capacity building effort for national development.

Promoting Integrated ECD Policy and Provision

In many countries, there is no coherent policy framework in place and therefore no comprehensive plan for ECD provision. In the absence of such policy support, responsibility for meeting the needs of young children is divided between education, nutrition, health and welfare. Wide ranging problems persist when education departments focus upon preparing children for school and ignore the broader health and nutritional needs of disadvantaged children; when welfare policies focus upon custodial care for the children of low-income working mothers and ignore the range of developmental needs of children; and when health departments narrowly focus physical development agendas and do not take up the social and cognitive aspects of child development. The resulting incomplete ECD efforts are uncoordinated and piecemeal, with a tendency towards academic orientation or physical survival. With few exceptions, the needs of children in Sub-Saharan Africa are not being met through integrated inputs of health, nutrition and early education and wider family and community support services.

Governments should seek to supplement and unite existing development plans with frameworks for the planning, organization and implementation of a national movement for integrated ECD. The integrated approach can enhance the efficiency of ECD investments from the viewpoint of many ministries and their partners. In addition, a national consciousness of integrated child development support can free up a number of additional financial, material and human resources for ECD impact. The World Bank, with its extensive relationships across government ministries and its continuous investment and effort at policy dialogue should use its comparative advantage to orchestrate inter-ministerial coordination and promote the importance of integrated ECD investments in the region.

Some of these issues and research agendas can be addressed through the current Africa Regional ECD initiative of the World Bank. Others may be placed upon the agenda of World Bank efforts within a particular country. In many cases, efforts to move these issues forward must be *undertaken in partnership*. Indeed, the models and resources suggested by the experiences in this study may prove immediately useful.

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